

C A M P E P

Commission on Accreditation of Medical Physics Education Programs, Inc.

Policies and Procedures Manual

April 2026

Sponsoring Organizations

American Association of Physicists in Medicine (AAPM)

American College of Radiology (ACR)

American Society of Radiation Oncology (ASTRO)

Canadian Organization of Medical Physicists (COMP)

Radiological Society of North America (RSNA)

Society of Directors of Academic Medical Physics Programs (SDAMPP)

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Section A: Introduction

CAMPEP is a nonprofit organization with a mission to review and accredit educational programs in medical physics.

Accreditation is a voluntary, non-governmental process of peer review, the purpose of which is to ensure that a program or institution meets defined standards. Accreditation serves as recognition that a program provides a quality service or education. CAMPEP offers specialized accreditation of three different categories of medical physics educational programs: degree-granting programs, clinical residencies, certificate programs, and continuing education courses or programs.

The **Process** of CAMPEP accreditation of graduate and residency programs requires programs to submit a self-assessment report giving evidence of compliance with specified standards. An appropriately qualified survey team of professionals reviews this document and conducts a site visit to complete the evaluation. After full evaluation of the program, a recommendation is made to the CAMPEP Board of Directors, which makes the final decision on accreditation. Renewal of accreditation requires submission of an updated self-assessment report and possibly a site visit. The **Survey Team** consists of senior medical physicists with experience in both clinical practice and educational programs. Generally, the survey team also includes a physician.

Medical Physics is the application of physics and related sciences to the practice of medicine. Medical Physics has several subspecialties including **Radiation Oncology Physics**, **Diagnostic Imaging Physics**, and **Medical Nuclear Physics**. More information on medical physics or its subspecialties may be obtained from the sponsoring organizations of CAMPEP.

CAMPEP is sponsored by the following organizations: American Association of Physicists in Medicine (AAPM), American College of Radiology (ACR), American Society of Radiation Oncology (ASTRO), Canadian Organization of Medical Physicists (COMP), Radiological Society of North America (RSNA), and the Society of Directors of Academic Medical Physics Programs (SDAMPP). Accreditation of medical physics educational programs in North America began in the late 1980s as a “service” offered by the AAPM. The first programs to gain accreditation were the graduate programs in medical physics at Wayne State University (1988), The University of Texas – Houston (1989) and McGill University (1993). At this time, it was recognized that accreditation should, more properly, be independent of professional organizations and CAMPEP was formed and incorporated in Illinois in 1994. CAMPEP was initially sponsored by three U.S. organizations, including the now defunct American College of Medical Physics. The Canadian College of Physicists in Medicine (CCPM) joined the list of sponsors in 2001, and was replaced by COMP in 2010, the American Society for Radiation Oncology (ASTRO) and Radiological Society of North America (RSNA) joined in 2012, and the Society of Directors of Academic Medical Physics Programs (SDAMPP) joined in 2025. The first continuing education programs were accredited in 1995 and the first residency program accredited was Washington University School of Medicine (1997). Details of CAMPEP leadership are given in the following tables.

Boards of Directors (Officers)

Year	President	Vice-President	Secretary/Treasurer
1994	B Paliwal	RL Tanner	L Rothenberg
1995	B Paliwal	RL Tanner	L Rothenberg
1996	B Paliwal	RL Tanner	L Rothenberg
1997	B Paliwal	RL Tanner	L Rothenberg
1998	B Paliwal	RL Tanner	L Rothenberg
1999	B Paliwal	RL Tanner	L Rothenberg
2000	B Paliwal	RL Tanner	L Rothenberg
2001	GD Frey	CA Kelsey	EC McCullough
2002	EC McCullough	BG Clark	JB Smathers
2003	EC McCullough	BG Clark	JB Smathers
2004	BG Clark	RA Geise	JB Smathers
2005	BG Clark	RA Geise	JB Smathers
2006	BG Clark	RA Geise	JB Smathers
2007	JD Hazle	P Dunscombe	M McKetty
2008	JD Hazle	P Dunscombe	M McKetty
2009	JD Hazle	TD Solberg	
2010	JD Hazle	TD Solberg	GD Clarke
2011	WR Hendee	TD Solberg	GD Clarke
2012	WR Hendee	TD Solberg	GD Clarke
2013	WR Hendee	W Beckham	EF Jackson
2014	W Beckham	EF Jackson	J Prisciandaro
2015	W Beckham	EF Jackson	J Prisciandaro
2016	EF Jackson	JL Robar	J Prisciandaro
2017	EF Jackson	JL Robar	GA White
2018	EF Jackson	JL Robar	GA White
2019	M McNitt-Gray	JL Robar	GA White
2020	M McNitt-Gray	JL Robar	GA White
2021	M McNitt-Gray	R Pizzutiello	R Jeraj
2022	M McNitt-Gray	R Pizzutiello	R Jeraj
2023	M McNitt-Gray	R Pizzutiello	R Jeraj
2024	JA Antolak	R Pizzutiello	R Jeraj
2025	JA Antolak	N Gupta	R Jeraj
2026	JA Antolak	N Gupta	M Arreola

Board of Directors (Members)

	Sponsoring Organization							
Year	AAPM		ACR		ASTRO		COMP	
1994	B Paliwal	RL Tanner	L Rothenberg	ES Sternick	-	-	-	-
1995	B Paliwal	RL Tanner	L Rothenberg	ES Sternick	GD Frey	J Trueblood	-	-
1996	B Paliwal	RL Tanner	L Rothenberg	ES Sternick	GD Frey	J Trueblood	-	-
1997	B Paliwal	CA Kelsey	L Rothenberg	ES Sternick	GD Frey	J Trueblood	-	-
1998	B Paliwal	CA Kelsey	L Rothenberg	ES Sternick	GD Frey	J Trueblood	-	-
1999	B Paliwal	CA Kelsey	L Rothenberg	ES Sternick	GD Frey	J Trueblood	-	-
2000	B Paliwal	CA Kelsey	L Rothenberg	E McCullough	GD Frey	J Trueblood	-	-
2001	PJ Biggs	CA Kelsey	JB Smathers	E McCullough	GD Frey	M McKetty	BG Clark	P Dunscombe
2002	PJ Biggs	P Steward	JB Smathers	E McCullough	RA Geise	M McKetty	BG Clark	P Dunscombe
2003	PJ Biggs	P Steward	JB Smathers	E McCullough	RA Geise	M McKetty	BG Clark	P Dunscombe
2004	PJ Biggs	P Steward	JB Smathers	JCH Chu	RA Geise	M McKetty	BG Clark	P Dunscombe
2005	PJ Biggs	P Steward	JB Smathers	JCH Chu	RA Geise	M McKetty	BG Clark	P Dunscombe
2006	PJ Biggs	P Steward	JB Smathers	JD Hazle	RA Geise	M McKetty	BG Clark	P Dunscombe
2007	R Maughan	P Steward	TD Solberg	JD Hazle	GD Clarke	M McKetty	E Podgorsak	P Dunscombe
2008	R Maughan	W Hendee	TD Solberg	JD Hazle	GD Clarke	M McKetty	E Podgorsak	P Dunscombe
2009	R Maughan	W Hendee	TD Solberg	JD Hazle	GD Clarke	C Coffey	E Podgorsak	BG Fallone
2010	R Maughan	W Hendee	TD Solberg	JD Hazle	GD Clarke	C Coffey	W Beckham	BG Fallone
2011	R Maughan	W Hendee	TD Solberg	JD Hazle	GD Clarke	C Coffey	W Beckham	BG Fallone

*CCPM prior to 2010

	Sponsoring Organization					
Year	AAPM	ACR	ASTRO	COMP	RSNA	

2012	R Maughan	W Hendee	GD Clarke	C Coffey	TD Solberg	J Buatti	W Beckham	BG Fallone	M Giger	D Balfe
2013	J Prisciandaro	W Hendee	EF Jackson	C Coffey	J Antolak	J Buatti	W Beckham	BG Fallone	M Giger	D Balfe
2014	J Prisciandaro	S Thomas	EF Jackson	C Coffey	J Antolak	J Buatti	W Beckham	BG Fallone	M Giger	D Balfe
2015	J Prisciandaro	S Thomas	EF Jackson	GA White	J Antolak	NJ Yue	W Beckham	JL Robar	M Giger	D Balfe
2016	J Prisciandaro	S Thomas	EF Jackson	GA White	J Antolak	NJ Yue	C Duzenli	JL Robar	M Giger	D Balfe
2017	J Prisciandaro	S Thomas	EF Jackson	GA White	J Antolak	NJ Yue	C Duzenli	JL Robar	M Giger	D Balfe
2018	J Prisciandaro	S Thomas	EF Jackson	GA White	J Antolak	NJ Yue	C Duzenli	JL Robar	M McNitt-Gray	V Jackson
2019	B Schueler	S Thomas	R Pizzutiello	GA White	J Burmeister	NJ Yue	C Duzenli	JL Robar	M McNitt-Gray	V Jackson
2020	B Schueler	R Jeraj	R Pizzutiello	GA White	J Burmeister	NJ Yue	C Duzenli	JL Robar	M McNitt-Gray	V Jackson
2021	B Schueler	R Jeraj	R Pizzutiello	S White	J Burmeister	N Gupta	C Duzenli	A McNiven	M McNitt-Gray	V Jackson
2022	B Schueler	R Jeraj	R Pizzutiello	S White	J Burmeister; L Padilla	N Gupta	W Smith	A McNiven	M McNitt-Gray	N Taunk
2023	B Schueler	R Jeraj	R Pizzutiello	S White	L Padilla	N Gupta	W Smith	A McNiven	M McNitt-Gray	N Taunk
2024	B Schueler	R Jeraj	R Pizzutiello	S White	L Padilla	N Gupta	W Smith	A McNiven	M Arreola	N Taunk
2025	J Seuntjens	R Jeraj	K Kanal	S White	L Padilla	N Gupta	W Smith	A McNiven	M Areolla	N Taunk

	Sponsoring Organization											
Year	AAPM		ACR		ASTRO		COMP		RSNA		SDAMPP	
2026	J Seuntjens	K Matthews	K Kanal	S White	L Padilla	N Gupta	W Smith	A McNiven	M Areolla	N Taunk	B Wichman	S Leon

Review Committee Leadership

Year	Graduate	Residency	Continuing Education
1994	Gary T Barnes	Kenneth R Hogstrom	-
1995	Gary T Barnes	Kenneth R Hogstrom	-
1996	Gary T Barnes	Kenneth R Hogstrom	Perry Sprawls
1997	Richard L Morin	Kenneth R Hogstrom	Perry Sprawls
1998	Richard L Morin	Kenneth R Hogstrom	E Russell Ritenour
1999	Paul M DeLuca	Richard G Lane	E Russell Ritenour
2000	Paul M DeLuca	Richard G Lane	E Russell Ritenour
2001	Paul M DeLuca	Richard G Lane	E Russell Ritenour
2002	Paul M DeLuca	Richard G Lane	E Russell Ritenour
2003	Richard L Maughan	Eric E Klein	Bruce R Thomadsen
2004	Richard L Maughan	Eric E Klein	Bruce R Thomadsen
2005	Richard L Maughan	Eric E Klein	Bruce R Thomadsen
2006	Richard L Maughan	Bruce J Gerbi	Bruce R Thomadsen
2007	Edward F Jackson	Bruce J Gerbi	Bruce R Thomadsen
2008	Edward F Jackson	Bruce J Gerbi	Bruce R Thomadsen
2009	Edward F Jackson	Bruce J Gerbi	Bruce R Thomadsen
2010	Edward F Jackson	Bruce J Gerbi	Bruce R Thomadsen
2011	Edward F Jackson	Bruce J Gerbi	Bruce R Thomadsen
2012	Edward F Jackson	Bruce J Gerbi	Steven J Goetsch
2013	Brenda G Clark	Chester Reft	Steven J Goetsch
2014	Brenda G Clark	Chester Reft	Steven J Goetsch
2015	Brenda G Clark	Chester Reft	Steven J Goetsch
2016	Brenda G Clark	Nesrin Dogan	Steven J Goetsch
2017	Brenda G Clark	Nesrin Dogan	Steven J Goetsch
2018	Brenda G Clark	Nesrin Dogan	Jacqueline Gallet
2019	Brenda G Clark	Nesrin Dogan	Jacqueline Gallet
2020	David Hintenlang	Nesrin Dogan	Jacqueline Gallet
2021	David Hintenlang	Nesrin Dogan	Jacqueline Gallet
2022	David Hintenlang	John Antolak	Jacqueline Gallet
2023	David Hintenlang	John Antolak	Jacqueline Gallet
2024	David Hintenlang	Bruce Libby	Yun Yang
2025	David Hintenlang	Bruce Libby	Yun Yang
2026	David Hintenlang	Bruce Libby	Yun Yang

Section B: Bylaws

Revision Date: Jan 2026

Article I: Name

The name of this corporation shall be the Commission on Accreditation of Medical Physics Education Programs, hereinafter referred to as the Commission.

Article II: Purposes and Powers

1. The Commission shall be a nonprofit organization whose objectives are the review and accreditation of educational programs in medical physics. Such programs may include, but are not limited to, medical physics degree-granting programs, medical physics residencies, continuing education, and special training programs (such as short courses). For the purposes of the articles of incorporation, “medical physics” is defined as the application of physics and related sciences to the practice of medicine.
2. Without limiting the generality of the corporate purposes, the Corporation shall have the following powers in furtherance of such purposes:
 - a. To establish minimum standards and improve the quality of educational programs in medical physics.
 - b. To develop standards and procedures for the accreditation of medical physics education programs, including continuing education programs in medical physics.
 - c. To establish and evaluate qualifications of institutions and other sponsors of educational programs in medical physics, including continuing education programs that voluntarily request accreditation by the Commission.
 - d. To arrange, control and conduct site visits to evaluate the competence of institutions and other sponsors of educational programs in medical physics, including continuing education programs, which voluntarily request accreditation by the Commission.
 - e. To grant and issue accreditation credentials or other certificates to institutions and other sponsors of educational programs in medical physics, including continuing education programs, when found qualified by the Commission provided, however, that no accreditation credentials or other certificate granted or issued by the Commission shall confer or purport to confer upon any person any legal qualification, privilege or license to conduct any educational program in medical physics, nor shall it purport to be issued under, in pursuance of, or by virtue of any statutory governmental authority.
 - f. To maintain a registry of holders of such accreditation credentials or other certificates and serve the medical and lay public by preparing and furnishing lists of accredited institutions and other sponsors of graduate and residency education programs in medical physics, which have been accredited by the Commission.
 - g. To revoke any such accreditation credentials or other certificates when deemed appropriate by the Board of Directors.
 - h. To institute a program or programs or re-accreditation at such time and under such conditions as the Board of Directors may deem prudent.
3. To accept, hold, invest, and administer any property – real, personal, or mixed – by gift, devise, bequest, purchase, lease, loan, or otherwise, absolutely or in trust, for any one or more of the

foregoing purposes and carry out the directions and exercise the powers contained in any trust or other instrument under which such property may be received, including, but without limitation, the expenditure of the principal, as well as the income, of any property so received, if authorized or directed in such trust or other instrument. If any such property is received without any designation of specific use, the Commission shall expend the income and principal thereof for any one or more of the foregoing purposes in such manner and amounts and at such time or times as deemed proper by the Board of Directors.

4. To have and exercise all other powers and authority now or hereafter conferred upon not-for-profit corporations under the laws of the state of Virginia.
5. No part of the net earnings of the Commission shall inure to the benefit or, or be distributable to, its officers, directors, members or other private persons, except that the Commission shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purpose set forth in this Section.

Article III: Sponsorship: Qualifications and Eligibility, Termination

1. All sponsors shall be referred to hereinafter as “Sponsor Organizations” and shall meet the eligibility requirements as follows. The following sponsor organizations shall constitute the roster of Sponsor Organizations:

- a. American Association of Physicists in Medicine
- b. American College of Radiology
- c. American Society for Radiation Oncology
- d. Canadian Organization of Medical Physicists
- e. Radiological Society of North America
- f. Society of Directors of Academic Medical Physics Programs

All Sponsor Organizations must be organizations exempt from federal income taxation under Section 501(c) of the Internal Revenue Code of 1986, as amended, or the foreign equivalent. The Canadian equivalent is registration under Section II of the Canada Corporations Act or registration as a charity under the Canadian Income Tax Act.

2. All Sponsor Organizations must be organizations established for the purpose (in whole or in part) of promoting medical physics, or the profession of medical physics. Subject to the foregoing, the eligibility and qualifications for membership, and the manner of an admission into membership shall be determined in each case by a resolution or resolutions duly adopted by the Board of Directors of the Commission or by such rules and regulations as may be prescribed by the Board of Directors.
3. The right or interest of a Sponsor Organization shall not terminate except upon the happening of any of the following events: disqualification, resignation, expulsion, dissolution or liquidation of the Commission or of the Sponsor Organization.

Article IV: Board of Directors

Section 1: General Powers

The property and affairs of the Commission shall be managed by its Board of Directors.

Section 2: Board of Directors

1. Each director, with the exception of the Public Member, shall be at least 18 years of age, shall (1) have earned a doctorate in one of the physical sciences, or (2) be a licensed Board-certified medical practitioner or Board-certified medical physicist.
2. The number of directors constituting the entire Board shall be two times the number of Sponsor Organizations of the Commission, plus the chairs of the three review committees of the Commission, plus the Executive Secretary.
3. The number of directors shall be automatically increased or decreased in the event of the addition or the termination of any Sponsor Organization of the Commission. The terms of directors elected by a Sponsor Organization whose sponsorship ceases shall terminate automatically upon the effective date of the cessation of such sponsorship.
4. At least one director shall be a Public Member defined as an individual who is not a medical physicist. A public member may be a physician, student, person from business or a profession, elected or appointed official, or other.

Section 3: Election and Removal

Each Sponsor Organization shall have the right to recommend three nominees for each of its sponsorship positions on the Board, from which the Commission will select one. If no nominees are deemed satisfactory by the Commission Board, the Sponsor organization will be asked to recommend three other nominees, from which the Board will select one. Once appointed, a Board member is responsible only to CAMPEP, and not to his/her Sponsoring Organization. The Commission reserves the right to remove any director at any time with or without cause by giving written notice to the sponsoring organization.

Section 4: Term

To assure that several directors on the Board have at least two years of experience, it is desired that, for each Sponsor Organization, one director's term shall end at least one year after that of the other. The term of office of a director shall normally be three years. However, if, for a Sponsor Organization, the pattern of one director's term ending at least one year after that of the other is lost, the pattern should be re-established by extending the term of one of the two directors by one year, with the consent of that director's Sponsor Organization. After a director's initial term (whether or not such term is more or less than three years), he or she may be re-elected to a second three-year term only once. After serving two consecutive terms a director shall be ineligible to serve as a director for a period of six years. After six years have elapsed, a former director may again be eligible for appointment to the board.

Section 5: New Directorships: Vacancies

1. Upon admission of a new Sponsor Organization two new directors shall be established in the Board of Directors. Newly created directorships or vacancies in the Board of Directors may be filled by the Commission only from nominations from the Sponsor Organization.
2. Vacancies occurring by reason of the removal of directors without cause shall be filled by the Commission from nominees of the Sponsor Organization that nominated the removed director. A director who fills a vacancy caused by resignation, death, or removal shall hold office for the unexpired term of his or her predecessor.

Section 6: Membership on Board Committees

Notwithstanding anything to the contrary, a person not eligible for service as a director may nonetheless serve as a member of any committee of the Board of Directors except the Executive Committee and the Finance Committee.

Section 7: Attendance at Board Meetings

Chairs of the Review Committees are ex officio board members with a vote. They are expected to participate in Board discussions unless said participation is a conflict of interest.

Section 8: Conflicts of interest

Members of the Board of Directors or of Review Committees must recuse themselves from any discussion or decision in which they have a real or perceived conflict of interest. A conflict of interest could occur when accreditation activities concern an institution with which they have or have had, in the past five years, an affiliation. The Board of Directors has the final authority to determine conflict of interest of Review Committee members. The Chairman of the Board has the final authority to determine conflict of interest of Directors.

Article V: Officers

Section 1: Officers

The Board of Directors may elect or appoint a President, a Vice-President, a Secretary-Treasurer, and such other officers as it may determine. No person shall be elected or appointed an officer unless such person is also a director. The same person shall be Chairman of the Board and President. Any two or more offices may be held by the same person except the offices of President and Secretary-Treasurer.

Section 2: Term: Removal

The term of each officer shall begin at the start of the fiscal year after such time that the officer is duly elected and qualifies. Each officer shall hold office until the end of the fiscal year after such time that a successor has been duly elected and qualifies. Any officer elected by the Board of Directors may be removed from office by the Board of Directors whenever, in its judgment, the best interests of the Commission would be served by such a removal, but the removal shall be without prejudice to the contract rights, if any, of the person so removed.

Section 3: Duties

1. The President shall serve as the chief executive officer of the Commission, be responsible for the general management of the affairs of the Commission, and carry out the resolutions of the Board of Directors. The President shall prepare the agenda, preside at all meetings and gatherings of the Board of Directors, and shall perform all duties customarily incident to the office of president and such other duties as may be prescribed from time to time by the Board of Directors. The President, with the approval of the Board, shall appoint qualified individuals, create special committees for particular purposes as needed, and exercise other such rights as the bylaws or parliamentary procedure may require. The President shall be a member ex officio of all committees and has the right but not the obligation to participate in the deliberations of any committee.
2. The Vice-President shall assist the President in the discharge of the duties of the President as the President may direct and shall perform such other duties as may be assigned from time to time by the President or the Board of Directors. The Vice-President, in the absence of the President or in the event of the President's inability or refusal to act, shall perform the duties of

the President, and when so acting, shall have all the powers of, and be subject to, all the restrictions placed on the President. The Vice-President shall appoint members to the ad hoc Appeals Committee.

3. The Secretary-Treasurer shall keep the minutes of the Board of Directors. He or she shall serve all notices for the Commission that shall have been authorized by the Board of Directors, shall have charge of all books and records of the Commission, and in general perform all duties customarily incident to the office of secretary and such other duties as may be assigned from time to time by the President or Board of Directors. The Secretary-Treasurer shall have the care and custody of all the funds and securities of the Commission and shall deposit said funds in the name of the Commission in such bank accounts as the Board of Directors may from time to time determine. He or she shall, when duly authorized by the Board of Directors, sign and execute all contracts in the name of the Commission when counter-signed by the President; he or she may also sign checks, drafts, notes and orders for the payment of money, which shall have been duly authorized by the Board of Directors.
4. Although not an officer, the Executive Secretary of the Commission serves as a manager of day-by-day activities of the Commission. The Executive Secretary is directly responsible to the President and, through the President, to the Board of Directors.

Section 4: Vacancies

A vacancy in any office may be filled or new offices created and filled by action of the Board of Directors at any meeting of the Board. An officer appointed to fill a vacancy shall serve for the unexpired term of his or her predecessor, and an officer elected to fill a new office shall serve until the conclusion of the fiscal year and until his or her successor shall have been duly elected and qualified, or until his or her death, resignation, or removal.

Article VI: Committees

Section 1: Appointment: Authority

1. The Board of Directors may from time to time establish such committees as are deemed advisable, including but not limited to an Executive Committee, Finance Committee, and Review Committees for graduate, residency, and continuing education programs, and/or ad hoc site visit committees. Any such committee shall consist of officers and/or other persons and have purposes and powers as may be designated by the Board of Directors upon establishment of the committee or from time to time thereafter. Members of committees (other than the Executive Committee and Finance Committee, if any) may include individuals who are not members of the Board.
2. Committees may make recommendations to the Board of Directors, but shall have no authority to bind the Commission. The Board of Directors shall have sole authority to adopt decisions on all matters for the Commission, including without limitation the adoption of guidelines, as provided for in Article V above, and the actual accreditation of any given educational program.

Section 2: Ad Hoc Committees

The Board may appoint such ad hoc committees as are necessary to conduct the business of the Commission. Ad hoc committees will serve until dissolved by the Board.

Article VII: Meetings

Section 1: Annual Meeting

1. There will be at least two meetings of the Board of Directors each year. All members shall be notified of the date and place of the annual meetings at least 30 days in advance. The Board of Directors may provide by resolution the time and place for the holding of additional regular meetings.
2. In addition to convening at the annual meeting, the Board of Directors shall meet as often as necessary to carry out the business of the Commission.

Section 2: Special Meetings

Special meetings of the Commission may be called at the discretion of the Board of Directors at a time and place to be designated by the President. No business other than that specified in the notice of the special meeting shall be transacted.

Section 3: Notice: Waiver of Notice

Notice of any regular or special meeting of the Board of Directors, including, for special meetings, a statement of the purpose or purposes for which any special meeting is called, shall be given at least 14 days prior thereto by written or printed notice delivered personally, mailed or e-mailed to each director at his or her address as shown in the records of the Commission. If mailed, such notice shall be deemed to be mailed when deposited in the United States mail in a sealed envelope so addressed, with postage thereon prepaid. Any director may waive notice of any meeting. The attendance of a director at any meeting shall constitute a waiver of notice of such meeting, except where a director attends a meeting for the express purpose of objecting to the transaction of any business because the meeting is not lawfully called or convened.

Section 4: Quorum

A majority of the voting members of the Board of Directors shall constitute a quorum. In the event that a member of the Board of Directors is required to recuse him/herself, then a majority of Board of Directors allowed to vote shall constitute a quorum.

Section 5: Manner of Acting

1. The act of a majority of directors present at a duly called meeting at which a quorum is present shall be the act of the Board of Directors, unless the act of a greater number is required by law, the articles of incorporation of the Commission, or these policies. Any action authorized by resolution, in writing, by all the directors entitled to vote thereon and filed with the minutes of the corporation shall be the act of the Board of Directors with the same force and effect as if the same had been passed by unanimous vote at a duly called meeting of the Board.
2. Any one or more members of the Board of Directors or any committee thereof may participate in a meeting of the Board of Directors or such committee by means of a conference telephone or similar communications equipment allowing all persons participating in the meeting to communicate with each other at the same time. Participation by such means shall constitute presence in person at a meeting.

Section 6: Compensation

This being a not-for-profit corporation, no funds shall accrue to any Sponsor Organization other than for reimbursement of reasonable and necessary expenses incurred in furtherance of the Commission's activities or otherwise in conformity with the appropriate federal income tax

regulations (Section 501(c) of the US Internal Revenue Code of 1986, as amended, or the foreign equivalent). Directors shall not receive any stated salaries for their services as directors but, out-of-pocket expenses of Directors directly related to Commission business shall be reimbursed. Persons making site visits to institutions for the purpose of accreditation or reaccreditation may receive a small stipend as determined by the Board of Directors.

Section 7: Informal Action

Any action that law or the articles of incorporation or its bylaws of the Commission permits to be taken at a meeting of the Board of Directors may be taken without a meeting if a consent in writing, setting forth the action taken, is signed by all the directors entitled to vote with respect to the subject matter thereof. Any such consent signed by all the directors shall have the same force and effect as a unanimous vote at a duly called and constituted meeting of the Board of Directors.

Section 8: Action by Electronic Ballot

Any action that law, or the articles of incorporation or bylaws of the Commission, requires or authorizes to be taken at a meeting of a Review Committee may be taken without a meeting by electronic ballot under the following circumstances: The motion for such action must be brought by the President of the Commission or the Chair of the appropriate Review Committee. The Executive Secretary must provide the motion and any supporting information to the members of the appropriate Review Committee by electronic mail along with a timetable for action. The timetable must include a period for discussion of not less than two weeks followed by a period not less than one week during which ballots may be received by the Secretary by electronic mail. The discussion and voting may be held concurrently. In the event that a quorum is not achieved, members of the Review Committee shall be advised of the failure to achieve a quorum, and a revote shall be taken over a period of one week. Action taken in this manner shall have the same force and effect as a vote at a duly called and constituted meeting of the Review Committee provided that the number of ballots received is no less than that required for a quorum. Voting on motions brought before the Board of Directors may be done by electronic ballot only if the ballot closes by 6:00pm Eastern time on the day following a meeting or teleconference. Only those members of the Board of Directors present at the meeting or teleconference may vote electronically. No proxies shall be allowed

Article VIII: Capital Contribution: Expenses

From time to time, the Board may authorize, by resolution, financial requests to sponsor organizations for the support of regular or special activities.

Article IX: Indemnification

Section 1: Direct Indemnification

To the full extent specifically authorized by, and in accordance with the procedure prescribed by the State of Virginia), the Commission shall indemnify any and all of its directors, officers, committee members, employees, agents and other authorized representatives for expenses and other amounts paid in connection with legal proceedings (whether threatened, pending or completed) in which any such persons become involved by reason of their servicing in any such capacity for the Commission.

Section 2: Insurance

Upon specific authorization by the Board of Directors, the Commission may purchase and maintain insurance on behalf of any or all officers, committee members, employees, agents, or other authorized representatives of the Commission against any liability asserted against any such

person and incurred in any such capacity, or arising out of the status of serving in any such capacity, whether or not the Commission would have the power to indemnify them against such liability under the provisions of Section 1 of this Article.

Article X: Contracts, Checks, Deposits, and Gifts

Section 1: Contracts

The Board of Directors may authorize any officer or officers or agent or agents of the Commission, in addition to the officers so authorized by these bylaws, to enter into any contract or execute and deliver any instrument in the name of and on behalf of the Commission, and such authority may be general or confined to specific instances.

Section 2: Checks, Drafts, Etc.

All checks, drafts, or other orders for the payment of money, notes, or other evidences of indebtedness issued in the name of the Commission shall be signed by such officer or officers or agent or agents of the Commission in such manner as shall from time to time be determined by resolution of the Board of Directors.

Section 3: Deposits

All funds of the Commission shall be deposited from time to time to the credit of the Commission in such banks, trust companies, or other depositories as the Board of Directors may select.

Section 4: Gifts

Any officer or director may informally accept on behalf of the Commission any unrestricted or unconditional contribution, gift, bequest, or devise for the general purposes or for any special purpose of the Commission. Any restricted or conditional contribution, gift, bequest, or devise may be officially accepted only by the Board of Directors on behalf of the Commission.

Article XI: Books and Records

The Commission shall keep correct and complete books and records of account and shall also keep minutes of the proceedings of the Board of Directors. The books shall be audited annually and the audit report shall be reviewed by an ad hoc committee consisting of two members of the Board.

Article XII: Fiscal Year

The fiscal year of the Commission shall begin on the first day of January in each calendar year and end on the 31st day of December in each calendar year.

Article XIII: Rules of Order

In absence of any provision to the contrary in these bylaws, all meetings of the Commission shall be governed by the parliamentary rules and usage contained in the current edition of *Robert's Rules of Order*.

Article XIV: Amendments

By a vote of two-thirds of all directors, the Board of Directors shall have the power to make, alter or repeal any or all of the Bylaws of the Commission, acting at any duly called and constituted regular or special meeting provided that written notice of the proposed change or changes shall have been included in the notice of any such meeting.

Article XV: Dissolution

Upon the dissolution of the Commission, the Board of Directors shall, after paying or making provision for the payment of all the liabilities of the Commission, dispose of all the assets of the Commission exclusively for the purposes of the Commission in such manner, or to such

organization or organizations which are then qualified as exempt within the meaning of Section 501 (c)(6) or Section 501 (c)(3) or the foreign equivalent (but only if the purposes and objectives of such organization(s) are similar to the purposes and objectives of the Commission) of the Internal Revenue Code of 1986 (or the corresponding provisions of any future United States internal revenue law), as the Executive Board shall determine.

Section C: Duties of Officers

C.01: President

Policy No. C.01, Rev 1

Created: Aug 2006

Approved: Mar 2012

Policy: The President shall provide leadership to the Board

Procedure:

- .01 The President shall ensure that the business of the Commission is conducted according to its Bylaws, Policies and Procedures.
- .02 The President shall make every reasonable effort to be present and to preside at all meetings of the Board of Directors.
- .03 The President shall call to the attention of the Board of Directors any matter that affects or potentially affects its interest.
- .04 The President shall ensure appropriate communication to the sponsoring organizations as required.
- .05 The President shall take action in accordance with recommendations approved by the Board of Directors of the Commission.
- .06 The President shall conduct and record electronic voting of the Board for program accreditation when required.
- .07 The President shall maintain an up-to-date record of the status of all CAMPEP-accredited graduate and residency programs and ensure these records are appropriately displayed on the CAMPEP web site.
- .08 The President shall issue certificates to successful program applicants.

Section C: Duties of Officers

C.02: Vice-President

Policy No. C.02, Rev 1

Created: Aug 2006

Approved: Mar 2012

Policy: The Vice-President shall assist the President in the discharge of his/her duties and be prepared to serve as President if requested by the Board.

Procedure:

- .01 The Vice-President shall preside at any meeting of the Commission or its Board from which the President is absent.
- .02 The Vice-President shall assist the President with any task as required.

Section C: Duties of Officers

C.03: Secretary-Treasurer

Policy No. C.03, Rev 3

Created: Aug 2006

Approved: Jun 2018

Policy: The Secretary-Treasurer shall provide administrative and financial oversight to the Board and the Commission.

Procedure:

- .03 The Secretary-Treasurer shall record and distribute the minutes of the Board Meetings.
- .04 The Secretary-Treasurer shall supervise the financial affairs of the Commission, including preparation of budgets for Commission initiatives.
- .05 The Secretary-Treasurer shall maintain the constitution and by-laws of the Commission.
- .06 The Secretary-Treasurer shall file the federal income tax for the Commission on an annual basis.
- .07 The Secretary-Treasurer shall file the registration with the State of Virginia on an annual basis.
- .08 The Secretary-Treasurer shall maintain a legal agent for the commission within the State of Virginia.

Section D: Administration

D.01: Appointment of the Board of Directors

Policy No. D.01, Rev 1

Created: Aug 2006

Approved: Mar 2012

Policy: Each of the sponsoring organizations shall nominate three individuals for each of its two positions on the Board of Directors, and the Board shall select one of the nominees to serve on the Board. If none of the nominees is deemed satisfactory to the Board, a second slate of three different nominees will be requested from the sponsoring organization.

Procedure:

- .01 The role of the Board of Directors is to provide strategic leadership and direction to the Commission and oversee all accreditation activities.
- .02 Two members of the board shall be selected from each of the sponsoring organizations.
- .03 Each member shall serve a term of three years, the term to commence on 1 January.
- .04 After serving one term of three years, a member may be reappointed for a second term of three years.
- .05 If a board member resigns before his/her term of office expires, the chair will request nominees for a replacement from the organization concerned.
- .06 Terms may be altered by the Board with the approval of the sponsoring organizations when appropriate to maintain continuity of the Board.
- .07 The Board of Directors generally meets in person twice per year, once at the annual scientific meeting of each of the AAPM and the Radiological Society of North America (RSNA).
- .08 Each member of the Board of Directors is expected to make every effort to attend these two Board meetings per year. Further, Board members are expected to attend a spring retreat of the Commission Board if one is held in a particular year.

Section D: Administration

D.02: Appointment of Accreditation Committees

Policy No. D.02, Rev 1

Created: Aug 2006

Approved: Jul 2013

Policy: A committee shall be appointed by the Commission to perform the accreditation activities of each category of program.

Procedure:

- .09 The Board shall establish a Program Review Committee for each category of accreditation activity undertaken by the Commission.
- .10 The Board shall appoint a chair for each Program Review Committee.
- .11 The role of the Program Review Committee chair is to provide leadership for and oversee the accreditation activities of its particular area of responsibility.
- .12 The chair of each Program Review Committee shall nominate a vice-chair for approval by the Board. The duties of the vice-chair shall be to assume the duties of the chair when the chair is unable to perform said duties, and accept any duties assigned by the chair.
- .13 The chair of each Program Review Committee shall nominate members of the committee for approval by the Board. The number of members appointed is at the discretion of the Board but will be at least two.
- .14 After serving one term of three years, the chair may be reappointed for a second term of three years.
- .15 The members of the Program Review Committees will generally serve a term of three years, which is renewable at the discretion of the Program Review Committee chair and the Board of Directors.
- .16 Membership of each Program Review Committee shall be approved annually by the Board.

Section D: Administration

D.03: Contracts for Services

Policy No. D.03, Rev 0

Created: Jul 2011

Approved: Nov 2011

Policy: CAMPEP may contract for administrative services from organizations and/or individuals.

- An Executive Secretary may be appointed by the President with the consent of the Board of Directors.
- CAMPEP may contract with other organizations for administrative services, including the services of an Administrative Secretary.

Procedure:

- .01 The Executive Secretary shall be expected to attend all board meetings and be included as an ex officio member of the BOD.
- .02 The Executive Secretary shall be a paid position. Compensation will be negotiated based on 25% effort at the 50th percentile of appropriate AAPM salary survey guidelines. Benefits (insurance, retirement, etc.) are not provided.
- .03 The Executive Secretary shall be a medical physicist with a graduate degree, Certification in Diagnostic Radiological (Medical) Physics, Medical Nuclear Physics or Therapeutic Radiological (Medical) Physics by the American Board of Radiology or the Canadian College of Physicists in Medicine, or certification in Magnetic Resonance Physics by the American Board of Medical Physics, and experience in the education of graduate or post-graduate medical physicists.
- .04 The Executive Secretary shall perform the following tasks: assist the chairs of the GEPRC, CERC and the REPRC in the review of annual progress reports from programs that are accredited by the commission; assist the GEPRC, CERC and REPRC committee chairs in developing remediation plans for programs found to be deficient in any area of their annual report; assist the President and HQ staff in maintaining the registry of CAMPEP trainees, and other duties as assigned.
- .05 Supervision and evaluation of the Executive Secretary will come from the President with significant input from the Chairs of the GEPRC, CERC and REPRC.
- .06 Organizations, with which CAMPEP contracts for administrative services, shall designate a primary contact who is the Administrative Secretary. This individual shall attend CAMPEP board meetings in an ex officio capacity.
- .07 CAMPEP may contract with organizations to provide a number of functions, including, but not limited to:
 - a. front office support, including an Administrative Secretary,
 - b. online educational process support,
 - c. database management and backup,
 - d. website design,
 - e. and financial services in support of the Secretary-Treasurer,
- .08 Definitions of services required and fees for these administrative services shall be negotiated on an annual basis.
- .09 The Executive Secretary shall maintain records of the Board and Committee Membership and duration of tenure of each member.

Section D: Administration

D.04: Payment of Fees

Policy No. D.04, Rev 4

Created: Aug 2006

Approved: Mar 2019

Policy: All applications for CAMPEP accreditation shall be subject to a fee.

Procedure:

- .01 The full fee shall accompany all applications for CAMPEP accreditation.
- .02 The required fee shall be submitted to the Administrative Secretary, who shall directly deposit the check into the bank account, and who shall notify the Secretary-Treasurer of receipt of the fee.
- .03 The fees will be set by the Board of Directors and reviewed periodically.
- .04 Application fees are non-refundable except as otherwise indicated in these Policies & Procedures.
- .05 In the event that a program requires assessment of a combined graduate and residency program (e.g. DMP) additional fees may be levied (over and above the base accreditation fee). Determination of the additional fees will be performed to meet costs and to allow sufficient time, expertise and number of reviewers to attend the site visit
- .06 Additional fees may be incurred under the following circumstances. These additional fees are to be paid by the institution undergoing accreditation:
 - a. Site visitors traveling to a site outside of North America may be reimbursed for business-class air travel. \$500 per site visitor shall be subtracted from the additional reimbursement to account for the cost of air travel within North America normally included in the accreditation fee.
 - b. In the event that a site visit team concludes that one or more remote sites must be visited, additional hotel and transportation arrangements shall be the responsibility of the institution.
 - c. The application fee includes the cost of a single accreditation certificate. Additional certificates may be provided to programs on request, at a cost of \$50 per certificate.

Section D: Administration

D.05: Travel Expenses

Policy No. D.05, Rev 3

Created: Aug 2006

Approved: Feb 2023

Policy: Travel expenses incurred while conducting Commission business may be reimbursed.

Procedure:

- .01 All travel must be approved in advance by the President, Treasurer, or appropriate Committee Chair.
- .02 All Commission members are required to adhere to the Commission Travel Expenses Guidelines and to make every reasonable attempt to minimize costs.
- .03 Expenditures within the prescribed limits will be reviewed and approved by the Secretary-Treasurer.
- .04 Expenditures beyond the prescribed rates may be reimbursed at the discretion of the President.
- .05 Revenue and expenditures of the Commission shall be submitted by the Secretary-Treasurer and reviewed and approved at each meeting of the Board of Directors.
- .06 CAMPEP shall support board members, including ex-officio board members, travel expenses, including air fare and accommodation to attend meetings of the CAMPEP Board of Directors.
- .07 Program review committee members that participate in a site visit shall receive a honorarium of \$250 per site visit.
- .08 Program review committee members who take trans-oceanic flights to carry out site visits outside of North America shall be allowed to book seats at business class. CAMPEP shall be reimbursed for the additional cost of the transoceanic travel by the institution undergoing review.
- .09 Claimants must use the travel reimbursement form posted on the CAMPEP website.
- .10 If an event that requires travel (e.g., Site Visit, Retreat, etc.) is either canceled or rescheduled, and a traveler is unable to attend the rescheduled event and is unable to obtain a refund or chooses not to accept a credit for an incurred expense, then CAMPEP will reimburse the traveler for the expenditure provided efforts to obtain a refund are documented.

Section D: Administration

D.06: Miscellaneous Expenses

Policy No. D.06, Rev 1

Created: Aug 2006

Approved: Mar 2012

Policy: Reasonable miscellaneous expenses incurred on behalf of the Commission or when engaged in the conduct of the affairs of the Commission may be reimbursed as directed by the Board.

Procedure:

- .01 All non-travel-related expenses are deemed miscellaneous.
- .02 Miscellaneous expense claims are to be submitted to the Administrative Secretary.

Section D: Administration

D.07: Maintenance of Policies and Procedures

Policy No. D.07, Rev 3

Created: Aug 2006

Approved: Feb 2024

Policy: Policies and Procedures provide detailed guidance for CAMPEP activities and operations. Policies and Procedures may be created and revised as necessary but must remain consistent with the bylaws. Policies and Procedures should be periodically reviewed to ensure that they remain consistent with desired practice.

Procedure:

- .01 The Executive Secretary is responsible for maintaining current the Policy and Procedure Manual.
- .02 Proposed new Policies and Procedures or amendments to existing Policies and Procedures may be initiated by any Board member, Review Committee, or the Executive Secretary.
- .03 Proposals for new or revised Policies and Procedures, including the proposed text and rationale, shall be forwarded to the Executive Secretary, who shall generate a distribution copy with changes to the existing document clearly identified.
- .04 Proposals for new or revised Policies and Procedures will be reviewed by the President, Chairs of relevant Review Committees, and Executive Secretary, and may be further revised before being considered by the Board.
- .05 The Board shall review all new and revised Policies and Procedures. Upon approval by the Board, the revised Policy and Procedures shall become effective as of a date specified by the Board.
- .06 A full review of the Policies and Procedures Manual shall be conducted periodically under the direction of the Executive Secretary. Proposed amendments shall be submitted to the Executive Secretary for consideration by the Board.
- .07 The Executive Secretary shall retain historical copies of the Policy and Procedure Manual for a period of ten years, after which time they may be destroyed.

Section D: Administration

D.08: Development and Maintenance of Standards

Policy No. D.08, Rev 2

Created: Nov 2014

Approved: Mar 2022

Policy: CAMPEP shall develop and maintain minimum standards for each of the types of programs it accredits.

Procedure:

- .01 The GEPRC and the REPRC are responsible for maintaining and updating the Graduate and Residency Standards documents respectively.
- .02 Significant revisions, as determined by the Chair of the appropriate Review Committee, together with the rationale for said revisions, shall be presented to Program Directors for input for a 30-day period. Input from Program Directors shall be collected by the Executive Secretary and forwarded to the Chair of the appropriate Review Committee for consideration. Records shall be kept by the Chair of the appropriate Review Committee.
- .03 Discussion and voting on Standards shall be in accordance with the By-Laws. Approval by both the appropriate Review Committee and the Board is required.
- .04 Program Directors shall be notified of any changes in relevant Standards within 7 days after approval by the Board.
- .05 Standards approved by the Board shall take effect a minimum of 30 days after notification to the Program Directors.

Section D: Administration

D.09: Response to Public Concerns

Policy No. D.09, Rev 0

Created: Jan 2021

Approved: Jan 2021

Policy: CAMPEP shall respond in a timely manner to legitimate public concerns about a program or the organization.

Procedure:

- .01 A “Contact Us” link appears on the website home page.
- .02 Contact information for the President, Executive Secretary, and Administrative Secretary appears on the Contact Us page. Contact information includes email address, telephone number, and mailing address.
- .03 A concern may be delivered to any of the aforementioned individuals. The recipient delivers the concern to an appropriate individual within the organization who responds to the concern.
- .04 Whenever possible, an acknowledgement of receipt of the expression of concern shall be provided within five business days. When an appropriate response to the concern has been developed, notification that a response has been developed shall be conveyed to the party issuing the concern. Due to potential confidentiality issues, the exact nature of the response may not be communicated back to the party issuing the concern.
- .05 A copy of the interaction will be delivered to the Executive Secretary, who maintains the archive.

Section E: General Accreditation Policies

E.01: Objectives

Policy No. E.01, Rev 2

Created: Aug 2006

Approved: Jun 2018

Policy: The objectives of CAMPEP shall be the accreditation of educational programs in medical physics that meet approved standards.

Procedure:

- .01 The Commission shall accept applications from educational programs in medical physics for accreditation by CAMPEP.
- .02 All applications for CAMPEP accreditation of institutional programs must be accompanied by an invitation from the administration of the applicant institution.
- .03 The Commission shall establish minimum standards to evaluate educational programs in medical physics.
- .04 The Commission, with assistance from the Program Review Committees, shall develop application and review processes appropriate for each category of program.
- .05 The Commission shall delegate applicant program reviews to the appropriate Program Review Committee.
- .06 The Program Review Committees shall assess applicant educational programs against CAMPEP-established standards through a well-defined review process and make an appropriate recommendation to the Board.
- .07 The Commission shall determine the accreditation status of applicant programs and inform the applicant institutions of the determination.
- .08 The Commission shall provide documentation of program accreditation to the program director of accredited programs.
- .09 The Commission shall maintain a list of accredited graduate, certificate, and residency programs available to the public through its web site.
- .10 The Commission shall consider accreditation of new categories of educational programs in medical physics when appropriate.
- .11 The accreditation assessment process and any information produced or disclosed in the accreditation process that is not publicly available shall be kept confidential until the process is completed. At the conclusion of the accreditation assessment process, certain information shall remain confidential, specifically:
 - a. The application/evaluation documents are subject to the confidentiality constraint, subject to the exceptions below.
 - b. Any verbal requests for confidentiality by either party, which shall be confirmed by a prompt written re-statement of that assertion.
 - c. The following types of information are not considered to be confidential:
 - d. Information that is or becomes part of the public domain other than through the unauthorized disclosure by the recipient party.
 - e. Information that was already known or was in the possession of the recipient party before receipt thereof from the disclosing party under the agreement;
 - f. Information that is received legally without restriction on disclosure from a third party who has the right to make such disclosure.

Section E: General Accreditation Policies

E.02: Scope of Activity

Policy No. E.02, Rev 3

Created: Aug 2006

Approved: Jun 2018

Policy: The Commission shall consider accreditation of specified educational programs.

Procedure:

- .01 The Commission shall consider accreditation of graduate programs in medical physics offered by an accredited university.
- .02 The Commission shall consider accreditation of residency training programs in medical physics offered by an accredited healthcare or educational institution, or by a medical physics consulting group.
- .03 The Commission shall consider accreditation of programs that combine graduate programs in medical physics with residency training programs in medical physics offered by an accredited educational institution.
- .04 The Commission shall consider accreditation of certificate education programs in medical physics offered by CAMPEP-accredited graduate or residency programs.
- .05 The Commission shall consider accreditation of continuing education programs in medical physics offered by individuals or organizations within the profession of medical physics that meet the guidelines of the Commission.
- .06 On occasion, the Commission shall assess individual medical physics didactic courses to determine whether the courses satisfy curricular standards for graduate education programs.

Section E: General Accreditation Policies

E.03: Application Process

Policy No. E.03, Rev 4

Created: Aug 2006

Approved: Feb 2024

Policy: Application for accreditation must follow the process determined by the Commission.

Procedure: Graduate, Certificate, and Residency Education Programs

- .01 The current standards for accreditation are identified in the “Standards for Accreditation of Graduate Educational Programs,” and “Standards for Accreditation of Residency Educational Programs,” which can be found on the CAMPEP Website (www.campep.org).
- .02 Program Directors shall complete the Self-Study addressing those Standards that exist at the time of the submission of the Self-Study. If one or more Standards become modified at some time after submission of the Self-Study, then the Program Director may choose to, but is not required to, revise their Self-Study addressing the new or modified Standards. Program Reviewers may make recommendations related to any new or modified Standards in their review, but they may not find deficiencies or impose requirements for non-compliance with Standards that were not in effect at the time of submission of the Self-Study.
- .03 Prospective applicants may request assistance in the preparation of an application through the chair of the appropriate Program Review Committee.
- .04 A formal application shall be initiated by the electronic submission of a self-study document, completed in accordance with the templates developed by the Commission. This application must include a formal invitation from the administration of the institution.
- .05 The application is not considered complete until the fee is received by the Administrative Secretary.

Procedure: Continuing Education Programs

- .01 The current standards for accreditation are located on the CAMPEP website (www.campep.org) under Section I: Continuing Education Program Accreditation/Standards for Accreditation
- .02 The application will contain all requested information, as outlined in the online application instructions.
- .03 Limited assistance may be requested from the CAMPEP Administrative Secretary.
- .04 Vendors are required to contact CAMPEP before submitting an application, regardless of whether previous applications were approved.
- .05 The application will be considered complete once all the information required is submitted and the appropriate fee paid. Fee paid will be dependent upon the educational program type.
- .06 Application fees are non-refundable, once the online application is submitted.
- .07 Previous approval of an educational program from the same entity does not guarantee future approvals.

Section E: General Accreditation Policies

E.04: Review Process

Policy No. E.04, Rev 7

Created: Aug 2006

Approved: Nov 2023

Policy: Program reviews shall be conducted in accordance with a specified procedure.

Procedure: Graduate, Certificate, and Residency Education Programs

- .08 The chair of the appropriate review committee shall appoint a lead reviewer and assign a minimum of one additional reviewer to each program application.
- .09 After a review of the submitted Self-Study document, the reviewers or the program review committee chair may request additional information and/or clarification from the program director.
- .10 Once a Self-Study document has been deemed to contain the required information, a site visit will be scheduled when warranted. A site visit is automatically required for all initial applications and at maximum intervals of 10 years for applications for renewal applications. A site visit may also be scheduled at any time should the reviewers deem it necessary.
- .11 The lead reviewer shall submit a final report to the program review committee chair or designate within 30 days of the site visit.
- .12 The report may include Requirements and/or Recommendations.
 - a. Requirements correspond to Standards with which the program has been found to be non-compliant. If the non-compliance is considered to be minor, the program will have a minimum of 90 days to resolve the non-compliance. The resolution shall be reviewed by the Chair of the appropriate Review Committee, and if approved, no notice of non-compliance shall be posted. If the non-compliance has not been resolved, then notice of non-compliance shall be posted on the CAMPEP website.
 - b. Recommendations are suggestions by the program reviewers that are offered to improve the program. An accredited program may have non-compliance disclosures posted on the website.

The program must provide updates on any Requirements and/or Recommendations on annual reports, which are reviewed by the appropriate review committee.
- .13 In the event a program fails to meet a significant number of Standards, and the reviewers recommend denial of accreditation, the following options are available:
 - a. In consultation with the program reviewers, the Review Committee Chair may decide that a program is non-compliant with a sufficient number of CAMPEP standards that accreditation is not achievable and accreditation should be denied. (Rationale: Each program should be reviewed by at least 2 reviewers, a committee chair should not make a unilateral decision on denial.)
 - b. A Review Committee may vote to deny accreditation if a program evaluation identifies significant non-compliance with CAMPEP standards, and
 - c. A Review Committee may recommend denial of accreditation to the Board and the Board may deny accreditation through its review and voting mechanism.

In each of these cases, the President informs the program of the decision.
- .14 The final report with recommendations for accreditation from the site review team shall be distributed to all members of the program review committee for consideration.

- .15 During the committee approval process, the program review committee chair may offer the program director the opportunity to mitigate any requirements listed in the report prior to submission of the report to the board for approval. If the program director is able and willing to mitigate the requirements within a reasonable time period, the report will be amended accordingly before review by the Board.
- .16 After agreement is reached by a simple majority of the program review committee, the committee chair shall submit a recommendation on accreditation to the Board for consideration.
- .17 If the committee recommends and the Board concurs in a recommendation for accreditation, the Board shall assign accreditation status to the program.
- .18 If the final report contains requirements, the program director may be offered 90 days to mitigate the non-compliance prior to public disclosure.
- .19 Voting by the review committee shall be done by electronic ballot as described in the By-Laws. However, if in the opinion of the appropriate Review Committee Chair or the President, direct discussion is deemed necessary, that individual can suspend voting and call for either a teleconference or a direct meeting.
- .20 Voting by the Board must be done either at a meeting or by electronic ballot immediately after a meeting. Only Board members present at the meeting are allowed to vote.

Procedure: Continuing Education Programs

- .01 Upon receipt of the application, two reviewers are assigned.
- .02 The committee shall provide a response to the applicant either to approve or detailing additional information or clarifications required, based on the reviewers' comments.

Section E: General Accreditation Policies

E.05: Conflict of Interest

Policy No. E.05, Rev 0

Created: Oct 2024

Approved: Oct 2024

Policy: Program reviewers shall have no conflict of interest that may influence their review of a program.

Procedure:

- .01 A program reviewer who may have a conflict of interest with a program or sponsoring institution under review must disclose this conflict and all relevant facts to the Chair of the appropriate Review Committee.
- .02 Examples of such conflicts of interest include, but are not limited to the following:
 - a. Affiliation with the program under review within the previous accreditation cycle.
 - b. A professional relationship with the Program Director within the previous accreditation cycle.
 - c. A current or previous personal relationship with the Program Director.
- .03 The Review Committee Chair will evaluate whether conflict exists or may exist.
- .04 If the reviewer's relationship with the program or program director occurred in a time scale longer than an accreditation cycle, the Review Committee Chair may confer with both the Program Director and the Program Reviewer to ascertain if potential conflict of interest exists. If either states that the reviewer may have conflict, that reviewer is ineligible to review the particular program.

Section E: General Accreditation Policies

E.06: Site Visit

Policy No. E.06, Rev 4

Created: Aug 2006

Approved: Apr 2024

Policy: Program site visits shall be conducted in accordance with a specified procedure.

Procedure: Graduate, Certificate, and Residency Education Programs

- .01 When a site visit is scheduled, the expectations shall be communicated to the program director by the lead reviewer to enable appropriate arrangements to be made.
- .02 The program director shall be asked to arrange a room suitable for the review team to conduct interviews.
- .03 The schedule shall include:
 - a. Interviews with all faculty, individually if time permits, starting with the program director.
 - b. A brief tour of the facilities.
 - c. A review of all documentation pertaining to the operation of the program. By mutual agreement between the Review Committee Chair and the Program Director, this review may take place prior to the Site Visit by use of secure file sharing.
 - d. A session with the students/residents.
 - e. Interviews with all relevant program administrators and institution management, preferably towards the end of the visit to allow appropriate feedback.
 - f. Time-permitting, a discussion period for the review team to prepare an outline of the report.
 - g. An exit interview with the program director for the review team to verbally communicate the essential findings of the review.
- .04 Site visitors shall not be guests at dinners arranged by the program under evaluation.
- .05 A Virtual Site Visit (VSV), that is, one conducted via teleconferencing rather than in-person, may be conducted under the following conditions using an appropriate online conference platform. The schedule of the VSV shall be essentially identical to that of the physical site visit. If deemed necessary, the VSV may be followed up by a physical site visit at such time as circumstances allow.
 - All of the following conditions must be met in order that a VSV may be held:
 - a. The program is applying for reaccreditation that requires a site visit. A VSV will not be conducted for programs seeking initial accreditation, except under extenuating circumstances (e.g., another global pandemic, rebound of the current pandemic).
 - b. The review team has determined that all Standards are satisfactorily met in the Self-Study.
 - c. The review team has determined that the program demonstrates satisfactory stability of administration, faculty and students.
 - d. The review team has determined that any necessary revisions to the Self-Study requested by the review team have been addressed and subsequently indicates that all Standards are met satisfactorily.
 - e. The review team has determined that all necessary documentation has been provided at least 60 days in advance of an anticipated site visit.

- f. The review team has determined that there are no concerns regarding the consistency of the educational experience among affiliate sites and that of the main site for those programs that incorporate affiliate sites.

If any one of these conditions are not met, the VSV will not take place, and a physical site visit will be held instead.

[Procedure: Continuing Education Programs](#)

Not applicable

Section E: General Accreditation Policies

E.07: Accreditation Status

Policy No. E.07, Rev 6

Created: Aug 2006

Approved: Jul 2021

Policy: The Commission shall assign and make public the accreditation status of successful applicants.

Procedure: Graduate, Certificate, and Residency Education Programs

After due consideration of all submitted program information, the CAMPEP Board of Directors shall assign an accreditation status from the following list:

- .01 Initial Accreditation: If a new educational program has already enrolled trainees (Note: A non-accredited residency program may not accept residents), then, following a Site Visit, Initial Accreditation may be granted by the Board for three years. If the program has yet to admit a student/resident, Initial Accreditation may be granted for a period until the first full-time student/resident has completed the first year of study and not to exceed two years, at which time a Site Visit will take place. Following the Site Visit, Initial Accreditation may be extended by the Board so that the total Initial Accreditation period after the initial Board action is three years.

In either case, if the program submits acceptable annual reports during these three years of Initial Accreditation, it may be extended an additional two years on the recommendation of the appropriate Review Committee(s) and granted by the President upon recommendation by the Review Committee Chair.
- .02 Reaccreditation: Educational programs applying for reaccreditation may be granted accreditation for a period of up to 5 years.
- .03 Provisional Accreditation: Provisional accreditation for a period of up to three years may be granted at the discretion of the CAMPEP Board if circumstances preclude awarding of initial or full accreditation. The terms for ending the provisional accreditation shall be specified by the Board.
- .04 Accreditation Denied: This action is taken when a program is found not to comply with CAMPEP standards for accreditation and it appears that the changes that the program would have to make to qualify for accreditation could not be achieved within a reasonable period of time. After this decision, should accreditation be further pursued by the program, a new application shall be required, including the appropriate fee.
- .05 Additional categories of accreditation may be granted under exceptional circumstances at the discretion of the Board.
- .06 When accreditation is granted, the name of the institution shall be added to the list of CAMPEP-accredited programs on the CAMPEP website and a certificate of accreditation shall be supplied to the program. A copy of the letter of accreditation shall be posted on the CAMPEP website.
- .07 Accreditation may be granted in cases when, in the opinion of the Board, a non-compliance of one or more standards is deemed minor. In such a case, the Chair of the appropriate Review Committee shall notify the Program Director of the nature of the violation and provides the Program Director with the option of rectifying the violation within ninety (90) days. If the violation is not rectified within ninety days, notice of the violation shall be posted on the CAMPEP website until said violation is rectified.
- .08 The initial three-year accreditation period shall end on December 31, within three years from the granting of the initial accreditation. If the initial accreditation is granted after July 1

of any year, then the initial accreditation period shall end on December 31 of the following year. For example, accreditation awarded between July 1, 2014, and June 30, 2015, shall end on December 31, 2017.

- .09 If accreditation is denied, a copy of the letter to the program providing specific reasons for the decision, as well as any response from the program, shall be posted on the CAMPEP website.

Procedure: Continuing Education Programs

- .01 Accreditation of individual continuing education programs are granted by the Continuing Education Review Committee without reference to the Board according to criteria developed in collaboration with and approved by the Board.
- .02 An educational event that has Accreditation Council for Continuing Medical Education (ACCME) accreditation or Royal College of Physicians and Surgeons of Canada (RCPSC) accreditation, will be approved for up to the identical number of Medical Physics Continuing Education Credits (MPCEC Category 1), for the same educational program submitted to CAMPEP. The online application to CAMPEP would still need to be completed and submitted before final approval could be given.

Section E: General Accreditation Policies

E.08: Reaccreditation

Policy No. E.08, Rev 5

Created: Jan 2012

Approved: Apr 2024

Policy: The Commission shall, on a regular basis, review accreditation status of programs.

Procedure:

- .01 One year in advance of the expiration of a program's accreditation, the Executive Secretary shall send a letter to the Program Director stating that an updated Self-Study must be submitted to CAMPEP nine months in advance of the expiration date, along with the renewal fee.
- .02 An extension of up to 15 days for submission may be granted by the Executive Secretary. Extensions of greater than 15 days require approval by the appropriate Review Committee Chair, who will have the discretion to assess a fine of not more than \$500 for each additional month of delay.
- .03 If a substantive change has occurred in a program prior to the end of the accreditation period requiring a new Self-Study, as determined by the Chair of the appropriate review committee, then a review for reaccreditation may take place before the end of the accreditation period.
- .04 The Self-Study shall be reviewed in the same manner as initial applications for accreditation.
- .05 If a site visit is required it shall be conducted in the same manner as site visits associated with initial applications for accreditation.
- .06 After the appropriate review committee (GEPRC or REPRC) has approved the application for reaccreditation, the Chair of the review committee shall forward the recommendation to the Board for approval.
- .07 The recommendation may be for reaccreditation for a full five-year period, or if there are non-compliant areas in the program, the recommendation may be for a shorter period of time with clearly defined areas of non-compliance specified for remediation. The reaccreditation period begins upon conclusion of the previous accreditation period.
- .08 If the application for reaccreditation has not been approved at the time of expiration of accreditation, the President may, upon recommendation from the Chair of the appropriate review committee, grant up to a six-month administrative extension of the accreditation.
- .09 Failure to provide appropriate documentation (e.g., Annual Reports, Self-Study Renewal, required information on website) to the Chair of the appropriate Review Committee in a timely manner, unless a delay is granted, without approval by the Chair of the Review Committee shall be cause for a program to go on probationary status. Probationary status may be granted by the President upon recommendation from the Chair of the appropriate review committee and shall be for a six-month period. If appropriate documentation is not provided by the Program Director during this period, the program shall lose its accreditation.

Section E: General Accreditation Policies

E.09: Inactivity

Policy No. E.09, Rev 1

Created: Mar 2017

Approved: Jan 2021

Policy: Programs shall make progress in responding to Commission actions regarding application for and maintenance of accreditation.

Procedure:

- .01 Program applications for which the applicant has not responded to a request from a Review Committee for a period of at least one year are subject to rejection. If no response has come from the Program Director during that time period, the appropriate Review Committee Chair explicitly requests the Program Director for a formal withdrawal of application to be provided within 30 days.
- .02 If the Program Director formally withdraws the application, the application fee minus an administrative charge of \$1,000 shall be returned to the applicant.
- .03 If, after 30 days from the time of the request for withdrawal, no response has come from the Program Director, the application will have been considered withdrawn, but no refund shall be provided.

Section E: General Accreditation Policies

E.10: Communication with Applicants

Policy No. E.10, Rev 2

Created: Aug 2006

Approved: Oct 2019

Policy: The Commission shall communicate regularly to the applicant the status of an accreditation submission.

Procedure: Graduate, Certificate, and Residency Programs

- .01 The receipt of application materials shall be acknowledged by the Administrative Secretary.
- .02 The Executive Secretary or the Program Review Committee chair shall provide to the applicant a response to submitted initial or revised application materials.
- .03 If a site visit is required, the expectations of the visit shall be communicated to the program director.
- .04 The site visit shall include an exit interview with the program director communicating verbally the essential findings of the review.
- .05 All correspondence, self-study documents and communications during site visits shall be conducted in English. Exceptions to this rule may be granted for items such as sample examinations.
- .06 The Board chair shall inform the applicant of CAMPEP's final decision.

Procedure: Continuing Education Programs

- .01 The application process is automated through the CAMPEP web site and appropriately communicated.

Section E: General Accreditation Policies

E.11: Response to Public Concerns

Policy No. E.11, Rev 0

Created: Sep 2012

Approved: Oct 2012

Policy: The Commission shall respond promptly and completely to legitimate public concerns and complaints regarding Commission procedures and actions.

Procedure:

- .01 A concern or complaint about a Commission procedure or action must be submitted in writing.
- .02 The concern or complaint shall be brought quickly to the attention of the Commission President.
- .03 The President shall investigate the reason for and substance of the concern or complaint and shall communicate the findings of the investigation to the person filing the concern or complaint.
- .04 With the support of the Board of Directors, the President shall initiate appropriate changes, if any, in Commission policies, procedures and/or actions to address the concern or complaint.

Section E: General Accreditation Policies

E.12: Conflicts between Commission and Laws

Policy No. E.12, Rev 1

Created: Sep 2012

Approved: Jan 2024

Policy: When conflicts arise between Commission standards, policies and procedures, and state and local laws governing an institution or program seeking accreditation, the Commission will engage in appropriate consultation with the institution and, if necessary the state agency responsible for enforcing the laws, with the objective of resolving the conflicts.

Procedure:

- .01 Institutional officials shall bring potential conflicts to the attention of the chair of the appropriate program review committee.
- .02 The chair of the appropriate review committee shall engage in discussion in an attempt to understand and, if possible, resolve the potential conflicts.
- .03 If the conflicts are resolved, the program review committee shall proceed with the process of accreditation.
- .04 If the conflicts are irresolvable, the program review committee may proceed with the accreditation process of the program; however public disclosures about the noncompliance of the program with specific CAMPEP standards, policies and procedures due to conflicts with state and local laws may be posted.

Section E: General Accreditation Policies

E.13: International Accreditation

Policy No. E.13, Rev 2

Created: Sep 2012

Approved: Oct 2019

Policy: When engaged in international accreditation efforts, the Commission shall exert efforts to communicate and consult with appropriate governmental and nongovernmental accreditation or quality assurance entities in other countries.

Procedure:

- .01 The Commission may accept applications for accreditation from countries outside the U.S. and Canada if the practice of medical physics in the country under consideration is substantially comparable to that within the U.S. and Canada.
- .02 When considering acceptance of accreditation applications from countries other than the U.S. and Canada, the Chair of the program review committee shall communicate and consult with any relevant local accreditation agencies to investigate potential conflict.
- .03 If no conflict is identified, the Chair of the program review committee shall request permission from the Board prior to accepting an application.
- .04 Standards and policies applied to the accreditation of institutions and programs outside the U.S. and Canada shall be substantially the same as or equivalent to the standards and policies applied to institutions within the U.S. and Canada.
- .05 Where accommodation is made for either local conditions or alternative evaluation standards or practices in the accreditation, notice to the public of this accommodation shall be posted on the CAMPEP website.

Section E: General Accreditation Policies

E.14: Process for Appeals

Policy No. E.14, Rev 2

Created: Oct 2013

Approved: Jul 2015

Policy: In the event of an appeal by an institution of a CAMPEP accreditation decision, the Commission's Board of Directors shall respond expeditiously and shall adhere to the following process in addressing the appeal.

Procedure:

- .01 An appeal of an accreditation decision must be submitted to the President of CAMPEP within thirty (30) days from the date on the letter communicating the Board decision, or the Institution will have lost the right to appeal. The appeal must consist of a letter of request with supporting documentation provided on an Appeal Request Form together with the appropriate processing fee.
- .02 An appeal of an accreditation decision shall be made on specific, limited grounds, and not simply because the appellant is dissatisfied with the decision. An appeal must be based on one or more of the following conditions: (1) CAMPEP standards regarding accreditation were disregarded or misapplied; (2) evidence favorable to the applicant and provided to CAMPEP during the application process was not considered; and/or (3) the negative decision was not supported by, and is contrary to, the evidence in the record on which the decision was based. Applicants may not rely on any information or documentation in their appeal unless that information and documentation was submitted to CAMPEP as part of its initial accreditation review or unless such additional information or documentation is specifically sought by the Appeals Committee during the appeal process.
- .03 The Vice-President shall form an Ad Hoc Appeals Committee to adjudicate the appeal. The Appeals Committee shall consist of at least three members, one of which serves as Chair. The Appeals Committee shall be selected from previous members of the Board. In addition, one member of the Appeals Committee shall be a former Public Member. The Vice-President shall ascertain that there be no conflict of interest for the members of the Appeals Committee and that members of the Appeals Committee not have been involved in the decision that is being appealed. The Executive Secretary shall serve as an ex officio, non-voting member of the Appeals Committee.
- .04 The appellant shall have the right to request either: (1) a Reconsideration of the Board Action on the papers as provided in E.14.06 below; or, (2) a Hearing as provided in E.14.07 below.
- .05 The processing fee is \$500 for a Reconsideration of Board Action and is \$7500 for a Hearing.
- .06 This processing fee is payable at the time of submission of an appeal and is non-refundable. The expenses incurred in the development and presentation of its appeal shall be borne exclusively by the Institution filing the appeal. The expenses involved in the selection of the Ad Hoc Appeals Panel, reasonable expenses of the Ad Hoc Appeals Panel directly associated with a Hearing (e.g., travel, meals and lodging) and arrangements for any Hearing location shall be borne by CAMPEP.
- .07 If applicant requests Reconsideration of Board Action on the papers, the appeal request and supporting documentation shall be forwarded by the Chair of the Appeals Committee to the Chair of the appropriate Program Review Committee (Graduate or Residency) for

- preparation of a response. The Program Review Committee Chair shall submit a response to the Chair of the Appeals Committee within thirty (30) days of receipt of the appeal.
- .08 If applicant requests a Hearing, it shall be scheduled within ninety (90) days after receipt of the Appeals Request Form. The Hearing shall be held in accordance with section E.15. Process for Appeal Hearing.
 - .09 The Appeals Committee shall submit a written decision on the appeal to the President for consideration by the Board within thirty (30) days of receiving the response from the Program Review Committee Chair in the case of a Reconsideration of Board Action, or within sixty (60) days of the date of the Hearing.
 - .10 On receipt of the decision from the Appeal Committee, the President shall present the decision to the Board for action as soon as practicable. This may require a special meeting of the Board.
 - .11 Within twenty-one (21) days of the Board decision, the President shall communicate the result of the appeal to the appellant. The Board decision is final.
 - .12 One copy of all relevant documents shall be retained for a period of two years, after which, the documentation shall be destroyed.
 - .13 Any specific time period in this appeals process may be modified with mutual consent of the parties, with consent not to be unreasonably withheld.

Section E: General Accreditation Policies

E.15: Process for Appeal Hearing

Policy No. E.15, Rev 0

Created: Apr 2014

Approved: Apr 2014

Policy: If a Hearing is requested, the Appeals Committee shall adhere to the following process:

Procedure:

- .01 The Chair of the Appeals Committee shall schedule a hearing to be held within ninety (90) days after the request for a hearing is submitted.
- .02 The appellant and CAMPEP have the right to representation by legal counsel during the hearing. The appellant must notify CAMPEP of its intention to have legal counsel present at the hearing at least sixty (60) days prior to the scheduled hearing. During the hearing, the appellant is prohibited from calling witnesses or introducing new evidence that was not part of the original application or specifically requested by the Appeals Committee during the appeals process.
- .03 The hearing will be chaired by the Chair of the Appeals Committee. The hearing shall be attended by the following:
 - a. the appellant who has brought the appeal, and up to two additional institutional representatives;
 - b. the members of the Appeals Committee;
 - c. a court reporter or other authorized person who will record the proceedings of the hearing; and
 - d. legal counsel, if applicable.
- .04 The Chair shall submit the recommendation of the Appeals Committee to the President of CAMPEP within sixty (60) days of the date of the Hearing.

Section E: General Accreditation Policies

E.16: Process for Change of Leadership

Policy No. E.16, Rev 5

Created: Jul 2015

Approved: Jun 2023

Policy: A Program is responsible for notifying CAMPEP of a change in leadership in a timely manner.

Procedure:

- .01 A change of leadership is defined as either a change in the Program Director, a change in the ownership of the institution, or a change in the practice in which a significant amount of instruction or clinical training is provided.
- .02 A Program shall notify the Chair of the appropriate Review Committee (GEPRC or REPRC) when a change in leadership is planned along with the effective date of the change. Notification shall be made no later than 30 days after the effective date of the change.
- .03 If the change in leadership is a change in the Program Director, then the following steps shall be taken:
 - a. The notification of the change in Program Director shall be accompanied by a biosketch of the proposed Program Director in the CAMPEP format, a letter of appointment from the Institution and an acceptance of responsibility by the new Program Director.
 - b. The Chair of the appropriate Review Committee shall review the credentials of the proposed Program Director.
 - c. If the Program Director meets the credentials requirement, the Review Committee Chair notifies the President, Executive Secretary, and Administrative Secretary of the change in leadership.
- .04 In the event of a vacancy in the position of Program Director, where no new Program Director has been appointed according to the process in .03, then the following steps shall be taken:
 - a. Within 30 days after the vacancy occurs, the program shall appoint an Interim Program Director. The Program shall notify the Chair of the appropriate Review Committee (GEPRC or REPRC) when said change in leadership has occurred. Notification shall be made no later than 30 days after the effective date of the appointment.
 - b. The notification of the change in Program Director shall be accompanied by a biosketch of the proposed Program Director in the CAMPEP format, a letter of appointment from the Institution and an acceptance of responsibility by the new Program Director.
 - c. The Chair of the appropriate Review Committee shall review the credentials of the proposed Program Director.
 - d. If the Program Director meets the credentials requirement, the Review Committee Chair notifies the President, Executive Secretary, and Administrative Secretary of the change in leadership.
 - e. Within 2 years after the vacancy occurs, the Program shall appoint a Program Director. The Program shall notify the Chair of the appropriate Review Committee (GEPRC or REPRC) when said change in leadership has occurred using the process described in .03. Notification shall be made no later than 30 days after the effective date of the appointment.

- .05 If the change in leadership is a change in the ownership of the institution or practice in which a significant amount of instruction or clinical training is provided, then the following steps shall be taken:
- a. An updated Letter of Commitment from the new ownership entity and a description of any expected or anticipated changes that would impact the educational programs resulting from the change in ownership shall be submitted to the Chair of the appropriate Review Committee.
 - b. The Chair of the appropriate Review Committee shall review the Letter of Commitment. If, in the opinion of the Review Committee Chair, the changes to the education program described in the letter are minor and do not have a substantial impact on the education program, then the Review Committee Chair notifies the President, Executive Secretary, and Administrative Secretary of the change in leadership. If the changes to the educational program described in the letter are expected to have a substantial impact on the education program, then a new review shall be effected by the appropriate Review Committee for Board approval.

Section E: General Accreditation Policies

E.17: Voluntary Termination of Program

Policy No. E.17, Rev 2

Created: Feb 2022

Approved: Nov 2025

Policy: A program that has suspended or terminated and is not accepting new students/ residents must continue to operate and may have its accreditation extended until the program resumes operation or the last student/resident graduates.

Procedure:

- .01 If an educational program has not accepted a student/resident for two consecutive years, the Chair of the appropriate Review Committee must be notified.
- .02 If an educational program has no enrolled students/residents for three consecutive years, the program accreditation may be withdrawn.
- .03 An educational program having no enrolled students/residents must continue to comply with all CAMPEP Standard and Policies to maintain accreditation, including holding steering committee meetings, conducting internal reviews, and reporting annually.
- .04 If an educational program is terminated and is not accepting new students/residents, its accreditation may be administratively extended until the last student/resident graduates. Said extension shall be for a maximum of five (5) years for graduate programs and two (2) years for certificate or residency programs.
- .05 The program shall provide documentation that the program is continuing to offer students/residents appropriate quality education and confirming they will not accept new students/residents.
- .06 Residency trainees that are unable to complete their training program due to program termination may receive credit for training that has already been completed. Training credit must be approved by the REPRC chair, and the program director must submit a training plan to the REPRC chair within three (3) months of the training start date. The training plan needs to clearly describe what elements of the training program are being credited from the prior program and what elements are to be completed in the new program.

Section F: Graduate Program Accreditation

F.01: Standards for Accreditation

Policy No. F.01, Rev 3

Created: Aug 2006

Approved: Dec 2024

Policy: Graduate Programs seeking accreditation shall be evaluated against published standards.

Procedure:

- .01 The criteria for accreditation are determined by the CAMPEP Board of Directors and are informed by publications of various sources including publications of professional organizations. Curricula will be evaluated with regard to intent and comprehensiveness and for general adherence to CAMPEP criteria.
- .02 Programs are encouraged to update their programs beyond the criteria required by CAMPEP to reflect advances in the practice of medical physics.
- .03 Programs are required to utilize self-examination and analysis, and are encouraged to stress educational innovation, as part of their commitment to continuous quality improvement.
- .04 Programs are entrusted with the responsibility to be creative and efficient in their organizational structure, and in the use of personnel and financial resources, so that the mission and objectives of the programs and the desired student achievement are accomplished.
- .05 The Commission shall clearly differentiate between actions required for accreditation and those that the Commission considers useful for program improvement.
- .06 CAMPEP-accredited certificate or graduate programs offering courses through remote means must have institutional guidelines for such courses and will be required to demonstrate compliance with those guidelines.

Section F: Graduate Program Accreditation

F.02: Application Process

Policy No. F.02, Rev 1

Created: Aug 2006

Approved: Dec 2013

Policy: Programs seeking accreditation shall submit a self-study document describing their program along with the appropriate application fee.

Procedure:

- .01 The Self-Study document shall be prepared in accordance with the "Standards for Accreditation of Graduate Educational Programs" posted in the "Graduate Education Programs" section of the CAMPEP Website (www.campep.org). The Self-Study document shall be prepared in electronic format and submitted as instructed on the CAMPEP website in the "Graduate Application Template" section.
- .02 The application fee shall be sent to the CAMPEP Administrative Secretary, whose address may be found on the CAMPEP website.

Section F: Graduate Program Accreditation

F.03: Program Evaluation Process

Policy No. F.03, Rev 3

Created: Aug 2006

Approved: Apr 2017

Policy: The Chair of the Graduate Education Program Review Committee (GEPRC) shall coordinate the program review process.

Procedure:

- .01 The Chair of the GEPRC shall appoint a lead reviewer and a minimum of 1 additional volunteer from the GEPRC to review the self-study document and provide a draft report.
- .02 If the Self-Study document reveals that the program does not meet the minimum requirements for accreditation and it is unlikely that deficiencies can be remedied in the short term, the GEPRC will recommend to the CAMPEP Board that the application not proceed further.
- .03 If areas of non-compliance are identified during the initial review, the lead reviewer or committee chair may contact the program director for clarification.
- .04 After any initial questions and concerns have been resolved, a site visit will be scheduled if required. A site visit is required for all new program applications and at a minimum of every alternate application for re-accreditation.
- .05 After the site visit is completed, a final report shall be submitted to the Chair of the GEPRC for circulation to the committee members and vote for approval.
- .06 After approval by the GEPRC, the Chair of the GEPRC shall forward the recommendation to the Board for consideration.
- .07 Graduate education programs in medical physics offering degrees in which there are program options identified at the time of review as not meeting CAMPEP accreditation requirements shall be required to issue an attestation of CAMPEP compliance to those students who graduate having satisfied the didactic requirements of CAMPEP accreditation.

Section G: Residency Program Accreditation

G.01: Standards for Accreditation

Policy No. G.01, Rev 10

Created: Aug 2006

Approved: Jan 2025

Policy: Residency Training Programs seeking accreditation shall be evaluated against published standards.

Procedure:

- .01 The criteria for accreditation are determined by the CAMPEP Board of Directors and are informed by publications of various sources including publications of professional organizations. Curricula will be evaluated with regard to intent and comprehensiveness and for general adherence to CAMPEP criteria.
- .02 Programs are encouraged to update their programs beyond the minimum criteria specified by CAMPEP to reflect advances in the practice of medical physics.
- .03 Programs are required to utilize self-examination and analysis, and are encouraged to stress educational innovation, as part of their commitment to continuous quality improvement.
- .04 Programs are entrusted with the responsibility to be creative and efficient in their organizational structure, and in the use of personnel and financial resources, so that the mission and objectives of the programs and the desired resident achievement are accomplished.
- .05 The Commission shall clearly differentiate between actions required for accreditation and those that the Commission considers useful for program improvement.
- .06 Imaging physics residencies may add an additional (third) year offering education in nuclear medicine physics and nuclear medicine physics residencies may add an additional year offering education in imaging physics. Such three-year residency programs will be considered for accreditation. The annual accreditation fee for such a combined program is 20% greater than the accreditation fee for a single specialty program. Adding a nuclear medicine option to an existing diagnostic imaging residency, or vice versa, will require an additional new program accreditation fee.
- .07 For CAMPEP-accredited residency programs located outside the US and Canada, applicants with a graduate degree in medical physics or closely related discipline from an accredited institution and who comply with undergraduate physics coursework requirements as specified in the CAMPEP Standards for Accreditation of Graduate Educational Programs in Medical Physics may be considered on an individual basis. For these applicants, the program director is required to rigorously assess and document the graduate coursework taken by the applicant with reference to the CAMPEP Graduate Standards.

Section G: Residency Program Accreditation

G.02: Application Process

Policy No. G.02, Rev 1

Created: Oct 2006

Approved: Dec 2013

Policy: Programs seeking accreditation shall submit a self-assessment document describing their program along with the appropriate application fee.

Procedure:

- .01 The Self-Study document shall be prepared in accordance with the “Standards for Accreditation of Residency Educational Programs” posted in the “Residency Education Programs” section of the CAMPEP Website (www.campep.org). The Self-Study document shall be prepared in electronic format in accordance with the instructions on the CAMPEP website in the “Online Self-Study Submission” section.
- .02 The application fee shall be sent to the CAMPEP Administrative Secretary, whose address may be found on the CAMPEP website in the “Board of Directors” section.
- .03 Medical Physics Residency programs can apply for accreditation by CAMPEP at any time, and accreditation may be granted prior to admitting the first trainee. Residency programs are encouraged to apply for accreditation prior to accepting applicants into their programs.

Section G: Residency Program Accreditation

G.03: Program Evaluation Process

Policy No. G.03, Rev 1

Created: Oct 2006

Approved: Mar 2012

Policy: The Chair of the Residency Education Program Review Committee (REPRC) shall co-ordinate the program review process.

Procedure:

- .01 The Chair of the REPRC shall assign a lead reviewer and seek at least 1 additional volunteer from the REPRC to review the self-study document and provide a draft report.
- .02 The draft report shall be sent to the Chair of the REPRC for comments.
- .03 If the Self-Study document reveals that the program does not meet the requirements for accreditation and it is felt that deficiencies cannot be remedied in the short term, the REPRC will recommend to the CAMPEP Board that the application not proceed further.
- .04 If the Self-Study document is judged to be satisfactory, the preliminary review will be forwarded to the program director for comments.
- .05 After the initial questions and concerns have been resolved, a site visit will be scheduled if required. A site visit is required for all new program applications, if substantial changes in the program have been affected, and at a minimum of every alternate application for re-accreditation.
- .06 After the site visit is completed, a final report will be submitted to the Chair of the REPRC for circulation to the REPRC committee members and vote for approval.
- .07 After approval by the REPRC, the Chair of the REPRC will forward the recommendation to the Board for consideration.

Section G: Residency Program Accreditation

G.04: Primary and Affiliate Training Sites

Policy No. G.04, Rev 3

Created: Aug 2012

Approved: Mar 2026

Policy: Medical Physics Residency Education Programs encompassing affiliate sites shall ensure that uniform standards and procedures are maintained across all participating facilities.

Definitions:

Practice/Training Location: A practice or training location is a specific physical facility (e.g., hospital, clinic, treatment center, imaging center) where some portion of the resident's clinical education occurs. For physics practices that routinely travel to provide clinical physics services (e.g., consulting physics groups), the central office is considered one Practice/Training Location. Contracted facilities where residents receive supervised clinical education are additional Practice/Training Locations. Travel distance between the central office and these contracted facilities does not, by itself, create separate Training Sites. Multiple practice/training locations may exist within a single training site.

Training Site: A training site is one or more practice/training locations that together function as a single educational unit for the Residency Program. All practice/training locations within a training site must:

- be within 50 miles (80 km) of each other, and
- operate under the same physics practice organization, and
- employ medical physicists who share the same employer.

A training site may consist of a single practice location or multiple practice locations that meet these criteria. For consulting physics practices, the 50-mile criterion is applied using the central office as the reference point, and travel distance to contracted Practice/Training Locations does not establish additional Training Sites.

Primary Training Site: The primary training site is the training site at which the Program Director is employed.

Affiliate Training Site: An affiliate training site is any training site that is not the primary training site.

Procedure:

- .01 A residency program may have more than one training site but should not have more than five training sites.
- .02 All correspondence between CAMPEP and the Program shall be through the Program Director at the primary site.
- .03 The Program Director is ultimately responsible for ensuring compliance of the Program with CAMPEP Standards, as implemented across all training sites.
- .04 Each Affiliate Training Site (as defined above) must appoint an Associate Program Director who is accountable to the Program Director and responsible for ensuring that the Residency Program at that site complies with the Residency Education Program as described in the Self-Study and as accredited by CAMPEP.
- .05 All records related to the operation of the Program at all training sites must be accessible by the Program Director either electronically or in hard copy.
- .06 For affiliate training sites, applications for accreditation must include the following:
 - a. An official letter from the Program Director's institution confirming the participation of the named affiliate training sites.

- b. A clear, preferably graphical, description of the organizational structure of the residency program, primary and affiliate training sites, with explicit lines of accountability.
 - c. Official letters from all affiliate training sites requesting CAMPEP accreditation of the residency program.
 - d. Letters of agreement or contracts between the affiliate training sites and the primary training site describing liability, responsibility, accountability and any financial arrangements. This requirement is waived if the affiliate training site is under the same ownership as the primary training site.
 - e. A letter from the Associate Program Director at each affiliate training site confirming that the affiliate-site training is accurately described in the submitted Self-Study and acknowledging that the Program Director at the primary training site retains ultimate responsibility for the accreditation status of the residency program.
- .07 For Training Sites that do not own the Practice/Training Location(s) where residents receive supervised clinical education (e.g., physics consulting groups working at contracted hospitals), applications for accreditation must include the following:
- a. An official letter from each Practice/Training Location confirming its participation in the training site.
 - b. A contract or memorandum of understanding between the training site and each Practice/Training Location describing liability, responsibility, accountability and any financial arrangements related to the training site and Residency Program.
 - c. For Training Sites where the resident training will be at many Practice/Training Locations (e.g., imaging consulting group with many hospital contracts), including sample letters and contracts to provide evidence that training locations are willing to participate will be sufficient.
- .08 The Self-Study must explicitly describe communication within the Residency Program including the frequency, format (e.g., videoconference) and membership of Program meetings. All associate program directors at the affiliate training sites must be members of the Residency Program Steering Committee.
- .09 The Self-Study should contain details of the rotation schedule, the expectations for each rotation, and the mentor for each rotation at each training site. For rotations conducted at affiliate training sites, the rotation content may mirror that of the primary site; however, mentors at affiliate sites must be explicitly identified in writing.
- .10 Residents may be assigned to rotations at other training sites within the Residency Program. In such cases, the Program Director or Associate Program Director at that training site will oversee the resident's training while away from their home training site.
- .11 Training Sites or Residency Programs may send residents to a Practice/Training Location that is not included in any training site for a limited period of time (e.g., < 3 months total over the residency training period), provided that the following requirements are met:
- a. An official letter from the Practice/Training Location confirming the participation of the location in the training site.
 - b. A contract or memorandum of understanding between the Practice/Training Location and the Training Site describing liability, responsibility, accountability and any financial arrangements related to the Training Site and Residency Program. It should also

describe who will supervise the resident while they are at that Practice/Training Location and the specific training objectives.

- .12 The required annual review of the Residency Program must be conducted by an internal review team consisting of at least one member from the primary training site and at least one member from an affiliate training site. The review should cover all participating facilities, and an in-person review is preferred. The purpose of the review is primarily to ensure that all affiliate sites are meeting the expectation of the primary site, that the appropriate records are being maintained, and that the quality of the educational experience for all residents is at a high level. A secondary purpose is to confirm on-going compliance with CAMPEP accreditation requirements across the entire Residency Program.
- .13 If a new Training Site (as defined above) is to be added to an existing accredited Residency Program, it will be classified as an Affiliate Training Site, since the Program Director is employed at the established Primary Training Site. Existing residency programs with Initial Accreditation are not eligible to add an affiliate until their accreditation has been extended after site visit. The Self-Study must be updated to include all relevant information about the new Affiliate Training Site. Residents at the new Affiliate Training Site must not begin clinical training until the updated Self-Study has been submitted to CAMPEP. CAMPEP will review the updated Self-Study, including conducting a site visit if required, before residents graduating from the new Affiliate Training Site will be considered to have completed an accredited residency program.
- .14 During a site visit, reviewers will visit all Training Sites; however, they may choose not to visit every individual Practice/Training Location. The policies regarding site visits for Residency Programs shall also apply to site visits of Training Sites.
- .15 CAMPEP will assess additional fees for Residency Programs with multiple training sites and for conducting affiliate training site reviews that are outside the regular reaccreditation schedule. The amount of these fees will be determined based on the time, distance, and complexity associated with the review.
- .16 All reasonable efforts should be made to ensure that residents at all affiliated training sites feel as though they are part of a single, coordinated Residency Program. Although this may be challenging, in-person and internet-based interactions—such as joint presentations and collaborative review of reports—may help achieve this goal.

Examples of Residency Program Structures and Application of Policy G.04

Example 1: Single Training Site with Multiple Practice/Training Locations

- Site 1: Academic medical center where the Program Director is employed (Primary Training Site).
- Practice/Training Locations within Site 1: Satellite Clinic A (20 miles) and Satellite Clinic B (45 miles).
- All locations are ≤50 miles apart, under the same physics practice ownership, and share the same employer → one Training Site.
- The satellites are Practice/Training Locations, not separate Training Sites and not Affiliate Training Sites.

Example 2: Two Distinct Training Sites (Primary and Affiliate)

- Site 1: University Hospital where the Program Director is employed (Primary Training Site).
- Site 2: Independent cancer center 120 miles from Site 1 with different ownership/employer.
- Because ownership/employer differ → Site 2 is a distinct Training Site.

- Note that distance is not relevant in this case.
- Since Site 2 is not the Primary Training Site → Site 2 is an Affiliate Training Site.

Example 3: Consulting Physics Group with Multiple Practice/Training Locations

- Site 1: Central office of the consulting physics group (Primary Training Site).
- Practice/Training Locations: Hospital A, Hospital B, Hospital C (all within a reasonable distance of Site 1).
- Hospitals are not owned by the physics practice → they are Practice/Training Locations associated with Site 1, not separate Training Sites.
- Because all locations are served by one physics practice and distances are reasonable the collection is one Training Site.

Example 4: Multiple Affiliate Training Sites under Different Ownership

- Site 1: Major academic center where the Program Director is employed (Primary Training Site).
- Sites 2–4: Regional cancer centers located 60–200 miles away, each under different ownership and employing different physics practices.
- Distance and ownership/employer differences mean each of Sites 2–4 is a distinct Training Site.
- Because they are not the Primary Training Site → Sites 2–4 are Affiliate Training Sites.
- Each Affiliate Training Site appoints an Associate Program Director and participates in the Residency
- Letters of participation, agreements/contracts, rotation schedules, mentors, and accessible training records are required for each Affiliate Training Site.

Example 5: Temporary External Practice/Training Location (<3 months)

- Site 1: Home Training Site (Primary Training Site).
- A resident completes an 8-week rotation at an external facility not part of any Training Site.
- Because duration <3 months and the purpose is limited training → this external facility is a Practice/Training Location, not a Training Site.
- Required documentation: letter of participation and MOU/contract specifying supervision, responsibilities, liability, and training objectives.
- This temporary location does not create a new Training Site and does not change Primary vs. Affiliate classifications.

Example 6: Adding a New Affiliate Training Site to an Accredited Program

- A new partner facility (90 miles away and under different ownership/employer) is added.
- It qualifies as a distinct Training Site and, since the Program Director is not employed there, it is an Affiliate Training Site.
- Residents must not begin training at the new site until the Self-Study is updated and submitted for review; a site visit may be required.
- Graduates are considered to have completed a CAMPEP-accredited program at the new site only after CAMPEP approval of the updated Self-Study and any required site visit.

Section G: Residency Program Accreditation

G.05: Resident Training in Multiple Programs

Policy No. G.05

Created: Aug 2022

Approved: Aug 2022

Policy: CAMPEP recognizes that circumstances may require a resident to obtain their training in more than one program. In the event that training occurs in multiple programs, the Program Director of the final program shall take responsibility for ascertaining that the training has covered the complete curriculum as identified in the relevant Standards.

Procedure:

- .01 The Program Director of the final program shall thoroughly evaluate the previous clinical training and create an educational plan that satisfies the requirements of the final program and relevant CAMPEP standards.
- .02 The Program Director of the final program shall provide the educational plan to the Residency Education Program Review Committee Chair within 90 days after the resident starts their education in the final program.
- .03 The Program Director of the final program shall be prepared to provide appropriate attestation that the total training meets their program requirements and appropriate CAMPEP Standards, including any training received in CAMPEP-accredited residency programs that occurred prior to the resident joining their program.

Section H: Certificate Program Accreditation

H.01: Certificate Programs

Policy No. H.01, Rev 9

Created: Jul 2011

Approved: Jan 2024

Policy: CAMPEP shall accredit certificate programs that provide the minimum didactic medical physics education requirements for physicists seeking to enter a Medical Physics Residency program if they have not graduated from an accredited graduate program.

Procedure:

- .01 A certificate program is a didactic educational program that addresses all topics identified in the graduate curriculum in Sections 8.1-8.6 of the Standards for Accreditation of Graduate Educational Programs in Medical Physics. The purpose of a certificate program is to provide didactic preparation for individuals holding a PhD in physics or related discipline to enter a CAMPEP-accredited medical physics residency program.
- .02 Only CAMPEP-accredited graduate programs and residency programs within accredited colleges or universities may apply and be approved for hosting a certificate training programs in medical physics. These programs shall be reviewed by the GEPRC, which shall make recommendations to the Board.
- .03 Students who have completed a PhD in physics or related discipline may enroll in a certificate program and shall comply with undergraduate physics coursework requirements as specified in the CAMPEP Standards for Accreditation of Graduate Educational Programs in Medical Physics.
- .04 Students enrolled in a non-CAMPEP-accredited PhD program (e.g. Physics or Engineering PhD program) may be admitted to a CAMPEP-accredited certificate program and take certificate program courses while simultaneously pursuing their PhD degree. However, the certificate may only be awarded when the student can demonstrate that they (a) comply with undergraduate physics coursework requirements as specified in the CAMPEP Standards for Accreditation of Graduate Educational Programs in Medical Physics, (b) have completed all of the courses required for the certificate program, and (c) have completed their PhD degree.
- .05 Students admitted to a certificate program may be granted credit for up to two previously-completed courses taken outside a CAMPEP-accredited graduate or certificate program provided such courses have been reviewed and approved by the Certificate Program Director, subsequent to payment of the appropriate review fee.
- .06 An application from a CAMPEP-accredited residency program that is not affiliated with a CAMPEP-accredited graduate program will be charged a \$1000 administrative fee combined with a \$1500 fee to cover the costs of a site visit. If, upon review of the application, the GEPRC concludes a site visit is not required, then the site visit fee of \$1500 will be returned to the program.
- .07 CAMPEP-accredited graduate programs may request that a certificate program be approved by the GEPRC and the Board if they provide CAMPEP with an attestation indicating the same courses and content used in the currently-accredited graduate program to address each of the core topics defined in Sections 8.1-8.6 of the Standards for Accreditation of Graduate Educational Programs in Medical Physics are used to define the proposed certificate program.

- .08 Applications for initial or reaccreditation of certificate programs must demonstrate compliance with the Standards for Accreditation of Graduate Educational Programs in Medical Physics with the exception of those marked as not-applicable to certificate programs, e.g., 2.2, 2.9, 3.2, 7.2 and 7.8.

Section I: Continuing Education Program Accreditation

I.01: Continuing Education Classification

Policy No. I.01, Rev 1

Created: Nov 2006

Approved: Mar 2012

Policy: CAMPEP accredits continuing education activities that meet specific criteria.

Background:

Continuing education takes many forms. Many continuing medical physics education activities either do not lend themselves to accreditation or the activity organizer does not apply for accreditation. The lack of accreditation by itself does not imply that the educational is any less valuable, only that its value has not been reviewed by an objective, independent body. Following the guidance of the Accreditation Council for Continuing Education (ACCME), accredited educational activities are termed “Category I,” while non- accredited activities are “Category II.”

Examples of Category I activities:

CAMPEP accredits professional and educational meetings, symposia and courses, both live and in recorded formats. In addition, credits may be granted for participation in examination procedures by the American Board of Radiology and for reviewing articles for scientific journals. CAMPEP may recognize activities accredited by another accrediting organization authorized by the ACCME.

Examples of Category II activities:

Category II is generally self-study and non- accredited study. Examples include but are not limited to:

- Attendance at lectures and seminars on medical physics subjects not accredited for Category I;
- *Attending conferences at the home institution;
- Preparation and publication of articles, chapters, books, and exhibits relating to medical physics;
- Reading journal articles or viewing instructional videos without associated RDCE exams;
- *Reviewing articles;
- Evaluating research proposals for granting agencies;
- Developing classes;
- Establishing new departmental procedures that require literature research and learning new material;
- Medical physics consultation consisting of planned instruction from a consultant for not less than one hour (both the consultant and the instructee may claim credits).

*These items could be Category I if the program director were to obtain CAMPEP accreditation.

Section I: Continuing Education Program Accreditation

I.02: Standards for Accreditation

Policy No. I.02, Rev 1

Created: Aug 2006

Approved: Mar 2012

Policy: Continuing Educational Programs seeking accreditation shall demonstrate adherence to a set of minimum criteria.

Procedure:

- .01 **Formats.** The format of the activity must be conducive for learning by the participant. Currently allowed formats include courses and symposia, proffered paper sessions, remotely directed continuing education (RDCE), and review journal articles.
- .02 **Content.** The content must provide benefit for the professional activities of a medical physicist and be targeted at the level of a medical physicist. Examples for acceptable contents would be fundamental physics concepts, basic medical topics, instructions for performing procedures, and symposia on emerging technologies. Content may be applicable to a single-vendor's device but may not be a sales program.
- .03 **Objectives.** The application for accreditation of an educational activity must include a statement of objectives, both for the program and, if appropriate, for each session in the program.
- .04 **Program Director.** The program director must have the expertise to be able to evaluate the qualifications of prospective faculty for the activity, evaluated in a similar manner to the faculty as discussed below. The program director must transmit to the faculty the program and session objectives where appropriate. The program director must have influence on the program content and be able to affirm its educational quality.
- .05 **Faculty.** The faculty must be able to address the material to be covered. The assumption is made that members of the AAPM, ACR, COMP, or diplomats of the ABMP, ABSNM, ABR, or CCPM will follow the Code of Conduct for their organizations and only serve as faculty addressing topics for which they have the required knowledge. Other faculty will have to demonstrate that by training and experience they have the expertise required to present the material assigned.
- .06 **Credits.** Credits for continuing education activities should follow the guidelines below:
Courses, symposia, and proffered paper sessions – 1 credit per hour;
 - a. RDCE – 1 credit per activity;
 - b. Journal review – 1 or 2 credits per paper reviewed with a maximum of 10/year.
- .07 **Evaluation.** Educational activities except journal reviews must include evaluation of the activity. The evaluations must be available to CAMPEP but routinely will not be requested.
- .08 **Promotional Materials.** Applications for educational activities that include promotional material must include copies of this material (or proposed material, if not yet distributed) in the application.
- .09 **Program Director's Report.** Following the activity, the program director must send a report to CAMPEP including the names of participants to receive credits and the number of credits for each participant (with verification of participation) and a summary of the evaluations.
- .10 **Accessibility.** Programs must comply with relevant regulations dealing with accessibility.

Section J: Professional Doctorate Program Accreditation

J.01: Professional Doctorate Programs

Policy No. J.01, Rev 0

Created: Jul 2015

Approved: Jul 2015

Policy: CAMPEP shall accredit professional doctorate programs that combine didactic education with clinical training.

Procedure:

- .01 The accreditation of professional doctorate programs shall be governed by the same procedures and standards as that of graduate and residency programs except as noted below.
- .02 Program directors of professional doctorate programs seeking accreditation shall apply by completing an appropriate Self-Study document using the template provided on the CAMPEP website and submitting payment of the appropriate fees.
- .03 Oversight of the accreditation process shall be the responsibility of the Chair of the GEPRC.
- .04 Up to four reviewers from the GEPRC and REPRC shall be appointed to review the program and conduct the site visit with at least one reviewer from each committee.
- .05 The site visit shall be scheduled for 1.5 days and follow an agenda combining a typical graduate and residency program site visit.
- .06 Upon completion of the review process, a final report shall be submitted to the Chair of the GEPRC.
- .07 The Chair of the GEPRC shall circulate the report and the Self-Study to both Review Committees for vote for approval.
- .08 Each committee shall vote independently.
- .09 After approval by both the GEPRC and the REPRC, the Chair of the GEPRC shall forward the recommendation to the Board for consideration.

Section K: Change Log

This section summarizes substantive changes to CAMPEP Policies and Procedures based on Board-approved actions. Entries are organized in reverse chronological order

March 2026

- Policy G.04 (Primary and Affiliate Training Sites) revision approved: Major restructuring replacing the Affiliate Sites model with a comprehensive framework defining training locations and oversight.

November 2025

- Policy E.16 (Voluntary Termination of Program) revision approved: Clarified requirement to maintain steering committee meetings during program wind-down.

September 2025

- SDAMPP approved as sponsoring organization; bylaws and other documentation updated in January 2026.

January 2025

- Policy G.01 (Standards for Accreditation) revision approved: Replaced 'recommendations' with 'standards'.

December 2024

- Policy F.01 (Standards for Accreditation) revision approved: Replaced 'recommendations' with 'standards'.

October 2024

- Policy E.05 (Conflict of Interest) approved: New policy establishing reviewer conflict-of-interest requirements; omitted from subsequent versions and reinstated April 2026. Other policies in section E renumbered.
- Policy E.06 (Accreditation Status) revision approved: Clarified authority for accreditation extensions.

April 2024

- Policy E.05 (Site Visit) revision approved: Added secure file sharing for site visit prep.
- Policies F.04 (Program Site Visit) and G.04 (Program Site Visit) deleted: Consolidated into a single general policy (E.05), replacing program-specific site visit policies.
- Policy E.07 (Reaccreditation) revision approved: Allowed limited automatic deadline extensions.
- Policy D.07 (Maintenance of Policies and Procedures) revision approved: Clarified that policies and procedures will be periodically reviewed.

January 2024

- Policy E.03 (Application Process) revision approved: Clarified that when applying for reaccreditation, programs will be evaluated according to the standards in place at the time of their submission.
- Policy E.11 (Conflicts between Commission and Laws) revision approved: If resolving the conflict is not possible, the review can proceed provided that there is appropriate public disclosure that we did not evaluate some standards due to the conflict.
- Policy H.01 (Certificate Programs) revision approved: Clarified certificate program entry requirements.

November 2023

- Policy E.04 (Review Process) revision approved: Expanded flexibility by allowing site visits to be conducted at any time when deemed necessary.

June 2023

- Policy E.15 (Change of Leadership) revision approved: Strengthened requirements for Program Director transitions, including timelines and documentation expectations.

April 2023

- Policy H.01 (Certificate Programs) revision approved: Clarified certificate program entry requirements.

February 2023

- Policy E.16 (Voluntary Termination of Program) revision approved: Revised wording allowed consolidation of requirements previously contained in Residency Standards 2.14 and 2.15 into policy.

November 2022

- Policy H.01 (Certificate Programs) revision approved: Clarified certificate program entry requirements.

August 2022

- Policy G.06 (Resident Training in Multiple Programs) approved: New policy; introduced requirements for residency training conducted across multiple programs, including coordination and oversight expectations.

March 2022

- Policy E.16 (Voluntary Termination of Program) approved: New policy covering both graduate and residency programs.
- Policy F.05 (Voluntary Termination of Program) deleted due to approval of Policy E.16.
- Policy D.08 (Development and Maintenance of Standards) revision approved: Added requirement for timely notification to Program Directors following standards changes.

November 2021

- Policy E.15 (Process for Change of Leadership) revision approved: Clarified expected timeline for replacement of program director when the position becomes vacant.

September 2021

- Policy G.01 (Standards for Accreditation) revision approved: Increased oversight of coursework evaluation; clarified GEPRC role, harmonized with changes to Residency Standard 3.1 and website documentation.

July 2021

- Policy E.05 (Site Visit) revision approved: Formalized Virtual Site Visit (VSV) criteria with explicit eligibility conditions.
- Policy E.06 (Accreditation Status) revision approved: Restructured and simplified accreditation categories.

January 2021

- Policy D.09 (Response to Public Concerns) approved: New policy establishing formal complaint handling process with response timelines.

- Policy E.08 (Inactivity) revision approved: Clarified withdrawal procedures and refund rules after prolonged non-response.